THE LANCET.

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ADDRESS

TO THOSE STUDENTS IN MEDICINE WHO ARE ABOUT TO COMMENCE OR RESUME THEIR STUDIES IN THE MEDICAL SCHOOLS OF THE BRITISH EMPIRE.

GENTLEMEN,

INSTEAD of introducing the volumes of THE LANCET for the year 1834-35 with the formality of a customary Preface, I shall take the liberty of addressing to you a few sentences of friendly admonition on the occasion of your commencing, or resuming, your studies in the various schools of medicine. In taking upon myself the execution of this duty, the charge of presumption cannot, I think, be incurred, because the experience afforded to me during the last eleven years, in editing this Journal, has necessarily made me conversant with nearly the whole of those circumstances which are usually fraught with injury to the Teacher, and mischief to the Student, of Medicine.

As some few years, at least, have now passed away since you were induced to make choice of medicine as a profession, it is unnecessary, perhaps, that I should make any comment on the propriety of your selection with a view to confirm you in the approval of it,—no incentive of that kind being required after once tasting of those pleasures which are sure to be derived from engaging, during even a short period, in the delightful and ever interesting field of medical pursuits. In its results the study of the science of Medicine yields to none, whether viewed in relation to its sublime and ennobling conceptions, or as regards the comfort and well-being of society in the common every-day walks of life. The science of medicine includes, in its strictest sense, that most useful and engaging of all researches—the study of mankind; hence, the knowledge deducible from that profoundly philosophical investigation leads the mind throughout an ever-varying, ever-amusing, ever-instructing path of inquiry, which finds neither break nor check, terminating only in the great beneficent cause of all nature. It teaches us not only to *discover* truth, but to promulgate truth, and it softens and humanizes the feelings by prompting us, on all occasions, to direct the power of our knowledge to the cure of disease, and consequently to the alleviation of human suffering. Making us conversant with the structure and economy of our fellow-creatures, making us acquainted with the sources of our moral, intellectual, and physical actions, it teaches us to view with compassion all unavoidable imperfections of our nature, and, enabling us to trace prejudice to its never-failing source—*ignorance*, it warns us against the miseries of

bigoted sectarianism. Thus the medical philosopher becomes humble in proportion as he acquires wisdom, and whilst he discovers the beauties of nature, his mind, both refined and invigorated, is ever refreshed by the highest enjoyments in which the human intellect can participate; beholding in Nature herself the most instructive of historians and the most gifted of prophets, his happiness is secured by, because it is founded on, the immutable rock of Truth. The study of medicine, therefore, exercises a far greater influence on the feelings and opinions of society than is admitted, or even understood. If the benefits we derive from the cultivation of medicine were confined to its therapeutical advantages, it would even in that case be entitled to the strongest protection that could be afforded by the Government, and would necessarily demand and obtain the respect and confidence of the community; but, when we consider that that study is in some measure connected with every question of physics and morals, it must at once appear of prodigious importance that no opportunity should be lost of adding to those means which can render a more perfect knowledge of it available to the members of the medical profession, in this and in every other civilized country.

What, then, has been done for the cultivation of medical science in this metropolis? Hospitals have been opened, Colleges have been erected, and Schools in which lectures are delivered have been established. The student, however, who is entirely unacquainted with the state of things in London, may, from the multiplicity of objects which strike his view, be utterly incapable of deciding on that course of conduct which would be most conducive to his own welfare, and, by inference, to the interests of society. In offering, therefore, some admonitions for the guidance of the student in his selection of an establishment, it must not be thought that I am about to dissect or analyse the elements of the schools, with a view to the institution of invidious comparisons relative to the respective merits of the different teachers—an occupation which would be so thoroughly disagreeable that it is better to forego any advantage which might be derived therefrom, than engage in so irksome and painful an undertaking. Nor would the odiousness of such a labour be diminished by the conviction that, in the execution of the task, I might transgress against the privileges of individual and private right, and thus be guilty of much injustice towards men, who, although their talents may not be of the first order, do nevertheless prosecute with conscientious zeal their scholastic labours, and whose minds are free from the stain of intending any wrong towards the industrious student. In short, there is great difficulty in balancing, as well as in contrasting, the merits of lecturers; and the difficulties are increased in proportion as the opportunities of judging are small in number, or are furnished only in private. The cases, therefore, of *public* and *private* teachers are totally different; the functionaries of our endowed hospitals are necessarily legitimate subjects of unrestrained, veracious commentary, but the private teacher has difficulties enough to contend against without being subjected to the ordeal of severe criticism. The monopolists of the Colleges, Hospitals, and favoured Schools, have rendered the occupation of private teaching so unprofitable and of such arduous execution, that it is scarcely fair or just to allude to any one of the private teachers by name, unless it be for the purpose of commendation, or for that of guarding the pupil against the intentions of some man whose practices have been proved to be dishonourable, and injurious to his class.

In selecting a school, the student should first propose to himself this question,—

"What have I to learn, what have I to accomplish, during my sojourn in London?" On instituting this self-inquiry, he may be enabled to answer satisfactorily, with regard to the possession of a competent knowledge of one, two, or three branches of medical science; but, having determined on what he really *must* acquire—not so much for the purpose of undergoing the comparatively unimportant examinations at the College and Hall, as for the far greater object of rendering himself as thoroughly qualified practitioner—he should then resolve on locating himself in that spot where the information he seeks can be obtained with the least possible loss of time. Engaging, therefore, to attend a hospital that is situated at a great distance from his lecturers, or undertaking to attend one or two sets of lectures far away from the hospital or infirmary in which he may have stipulated for witnessing the medical or surgical practice, he must incur a sacrifice not only of time, but also of many opportunities of deriving useful information. This consideration cannot be too strongly impressed on the mind of the student; and it will happen, that if he disregard the caution which I here throw out for his benefit, he will find, when too late, that he has been guilty of an error, for the correction of which no satisfactory remedy can be applied. Next, then, to the ability and reputation of the teachers, and the intrinsic advantages of the school, let the question of *locality* weigh in the selection; and in hiring apartments for his *residence*, the student should not forget what we have said relative to the attendance upon lecturers whose labours are carried on at places far removed from one another. Of course, distance of residence would be productive of almost equally numerous evils. Fixed, then, on that spot which he has chosen as the seat of his future exertions, I may remark, that I have noticed, during many years past, that those students succeed best in their studies, and become the most reputable practitioners, who, during their labours at the schools, devote the greatest share of their attention to *anatomy*—human and comparative,—*physiology*, *chemistry*, *midwifery*, and the DAILY OBSERVATION *of disease* in the wards of the hospitals. It is not sufficient to pay the fees for attending the hospital or lecture-room; the pupil must *work*—must apply himself diligently to the different subjects of investigation; he must not rely even on the exertions, much less on the professions, of his teacher; for, without industry, without unremitting application, on the part of the student himself, all the efforts of the preceptor would avail nothing. And here it is of importance to remark, that while the student is respectful in his demeanour towards the teacher, he has a right to expect urbanity of manner from the gentleman who has been feed to instruct him. Nor is this all; the lecturer and hospital physician and surgeon are bound, both by a written and an implied contract, to discharge certain obligations to the student; hence it follows, that if the pupils are remiss or negligent in demanding the full conditions of the bond, they voluntarily relinquish their rights, and, possibly, construct that very stumbling-block which may prove, when they are in practice, their ruin and downfall. The prospectuses of the hospitals and schools are full of promises. Why, I would ask, are the pledges given unless they are to be redeemed? If the medical officers engage to attend at a certain hour daily, is it either impertinent or irrational to demand that their attendance should be punctually observed? If clinical lectures are promised, why is the student who has paid his money on the faith of that promise to be deprived of what he has lawfully purchased? The usage of the students in this respect has been in many instances

most disgraceful; and it has been easy to perceive, that the medical officers of our hospitals have dared to be negligent in the performance of their promises, on the presumption that the students would not interfere, lest they should be subjected to an additional severity of examination at the College of Surgeons, or at Apothecaries' Hall. Whatever may have been the practices of the examiners in by-gone times, the day for indulging in dishonest predilections, or for gratifying revengeful feelings, during the hours of examination, has passed away, for we have arrived at an epoch when the proceedings of the legislature of our country, with respect to the pratice of medicine, are directed and regulated by the sacred hand of justice.

The despotic rulers of our Colleges have at last been made to feel and acknowledge the supremacy of the law, and, knowing the punishment that awaits them for the enormities they have already committed, it is not probable that they will voluntarily seek for any addition to the severity of their impending condemnation. The students, then, have nought to fear from demanding, in a courteous but firm manner, that the lecturers, whether public or private,—that the officers of the Hospitals, whether physicians or surgeons,—faithfully discharge the conditions of bond,—that is, that the promises printed in the prospectuses be scrupulously fulfilled. In several of the hospitals the surgeons seldom or never attend in the *dead-house*; and in the same establishments notices of the examinations instituted *post-mortem*, are not communicated to the majority of the students. This is a disgrace and a robbery—disgraceful to the medical officers, and, as regards the student, a deprivation of his purchased right. If the symptoms observed before death cannot be traced to changes of structure after death, the practice of medicine must be founded on empiricism; there can be nothing of certainty or science in it. The students, therefore, in all the hospitals should require, not only that due notice of a post-mortem inspection should be given, but that the dissection should be conducted by a competent person. And who *ought* to be so competent as the officer who conducted the disease to the patient's dissolution? The fatal event having most likely falsified the *prognosis*, he may be called upon to explain the facts on which he had founded his *diagnosis*, and at the same time it would be his duty to expound, explicitly, the principles on which his therapeutic agents had been employed. It is by facts accumulated in this manner that the theory and practice of medicine are established,—the knowledge of the undeviating connexion of cause and effect, rendering medicine a science that has proved so useful to mankind.

The negligence shown relative to *post-mortem* examinations has been exhibited with equal pertinacity in the omission of *clinical lectures*—few, very few, of our physicians and surgeons having redeemed their promises in delivering those bedside admonitions according to the conditions of their prospectuses. The pupils may understand the light in which this kind of instruction is viewed by our medical officers, from the fact that it is announced in the prospectus of one of the Hospitals (that of St. George's), that "clinical lectures are delivered at the Hospital, *to which students are free*;—in other words, that those gentlemen who have paid dearly for an article are "free" to receive it! What is the medical or surgical practice of the Hospital, if it embrace not *clinical instruction*? Yet the officers of some of our public institutions are in the habit of walking through the wards in such a state of grim, idiotic sullenness, that they stare with characteristic astonishment on being required to elucidate any part of the treatment which is involved in apparent

obscurity, and consider that a querist is impertinent if the question relate to an unsuccessful case. There is another omission observable in the wards, which is peculiarly reprehensible and disgraceful to those parties by whom it has been so long sanctioned. I allude to the general absence of *case-books*. The students have a right to expect that faithful records of the cases be made and preserved for their information. If this were done, they would be enabled to see at one view, all the links of a long chain of interesting facts, and thus could connect, by the simplest processes of induction, the cause of the disease, its nature and treatment, and the results. In those hospitals where case-books are only even *partially* used, the advantages to the students have been acknowledged to be incalculable. While this scandalous omission is tolerated, the students should never enter the wards without having memorandum-books in their hands, so that they may be enabled to mark down every occurrence of striking practical importance which may arise under their observation.

As the great immediate object of the student in visiting London is to consult the book of nature as laid open to his view in the Hospital, in the dissecting room, in the laboratory, and in the museum, let him not encumber his mind, or stuff his brain, with the contents of the works of conceited and silly authors. He can read instructive or amusing works after he has left the metropolis, and when, probably, to his misfortune, he may find little else to engage his attention. Many students, on coming to London, shut themselves up in their rooms surrounded by books, barricading their doors with worthless octavos and ponderous quartos. This is the extreme of folly. Although the young men who act thus unwisely are capable of undergoing an examination consisting of a set of routine questions, they are utterly unqualified for undertaking the duties of practitioners, and, the moment a prospect of extensive practice is opened to their view, they shrink from it in dismay, under a too-well-founded feeling of incapacity. The reading of the student, while pursuing his studies at the hospitals and schools, should, for the most part, be limited to the particular business of the day. He should, for example, read over in the evening, an account of the parts dissected in the morning; and, if he had time and could write out a description of those parts, a stronger impression of them would be left on his memory. Also, with regard to the cases observed in the hospital, having made his notes, he may refer to the descriptions of diseases of the same class in the standard works on medicine and surgery. Thus the intelligent pupil will perceive that out of the materials which are set before him he must himself raise the fabric of his own knowledge. The lecturer may assist him, and occasionally point to the right road when he has gone astray in the pursuit of truth, but the weight of the burden, the heat of the day, must be borne by the pupil himself, and if he be idle, and neglect his duties, his ruin will be as complete as it must prove certain.

Here, then, I might close my admonitions, but I cannot avoid adverting to the fact that the Medical Session of 1834-35 will open under circumstances totally dissimilar from any which preceded it. Parliament having appointed a Committee to inquire into the state of medical practice and education, a most elaborate record of the defective state of medical law, and of the abuses connected with the healing art, is now in the hands of the Chairman of that Committee, and will soon be laid by that gentleman before the House of Commons. From this inquiry there may arise an

entirely new construction of medical law, leading, necessarily, to improved institutions, and to a new system of examining candidates for medical diplomas. While, therefore, I earnestly recommend those students who intend to present themselves for examination at the College in Lincoln's-Inn-Fields, and at the Hall in Blackfriars, to conform to the "Regulations" issued by the governing authorities of those institutions, I must also adjure them not to be contented with merely rendering themselves equal to the task of obtaining the "License" and "Diploma" of those bodies, but to dissect, observe disease, and study diligently, so as to be qualified to undergo an examination in public before the President and Scrutators of a NATIONAL FACULTY OF MEDICINE.

Should you, at the termination of your studies, be required to submit to so honourable an ordeal, that you may pass through it without difficulty and in triumph, is the ardent wish of Your faithful friend,

THOMAS WAKLEY.

London, September 27th, 1834.

TO THE READERS OF THE LANCET.

We have not more than half a dozen words to offer on the subject of the materials which will occupy the volumes of this work for the coming year.

We shall publish, under the express sanction and revision of M. MAGENDIE, the last course of Lectures on *Physiology* delivered by that celebrated discoverer. Also, Clinical Lectures, by Dr. ELLIOTSON, Mr. WARDROP, Baron DUPUYTREN, and many of the most able practitioners connected with the London Hospitals. Our analyses of the *Evidence* delivered before the Parliamentary Medical Committee will be resumed, and we have made such arrangements as will enable us not only to publish critical commentaries on all the British and Foreign Medical Periodicals, together with Reports of Hospital cases, but to introduce, regularly, Reviews of all new works in Medicine; in addition to which, our celebrated friend, ERINENSIS, will once more seize his graphic pen, and present to the profession a series of sketches of some odd beings whose peculiarities have not yet been illustrated.

DIRECTIONS FOR THE BINDERS.

The Index to Vol. II. of THE LANCET for 1833-34 will be published with the concluding lecture of Professor GRANT'S series on Comparative Anatomy. The publication of two double Numbers of THE LANCET will enable us to complete the Course. Thus that unrivalled set of Lectures must be bound up in the two volumes for the year 1833-34.

ACCOUNT OF THE

HOSPITALS AND SCHOOLS OF MEDICINE

IN LONDON,

OPEN TO STUDENTS IN THE SESSION 1834-35.

IN accordance with our long-established custom, the observance of which falls due at this season of the year, we devote a large portion of the present number of THE LANCET to the consideration of those matters which the renewal of the winter medical session annually presses on our attention as journalists, and, for the first time, forces on the thoughts of youthful candidates for admission into the ranks of the medical profession in this country. Hundreds of young men have now arrived at the second of the three great divisions into which the period of English medical education usually arranges itself. The first of these is the apprenticeship. The second is the sessional or examination visit to London. The third is the interval which occurs between the *legal* and the *real* qualification to practice,—between the possession of a license or diploma, and the commencement of practice as a member of the profession. The latter interval is generally spent in the acquirement of solid practical information, as the assistant of an already-established practitioner, or in the farther close observance of practice in some public medical institution, at home or abroad, in preparation for assuming entire personal responsibility in the treatment of disease. It falls within the means of but few to fit themselves for practice by the latter means.

The season of the second division in the education of British medical students has now once more returned, and will last during the eight ensuing months, commencing with the 1st of October, when the signals for setting its machinery in motion are given by the discharge of introductory rockets—or lectures—at the various medical schools of the metropolis. The introductory lectures will be delivered at spots which are diffused over a very wide space of ground. A circle of twelve miles will barely include them, its diameter in one direction extending from Whitechapel in the east to Pimlico in the west,—from St. Pancras in the north to Southwark in the south, and from Smithfield in the north-east to Westminster in the south-west. Those pupils who wish to hear any of the introductory lectures, must understand that the majority of them are delivered on the 1st of October, and arrange their time accordingly.

The first duty of the pupil who has not been in London on his present errand at any previous season, is that of ascertaining the nature and number of the lectures and hospital practice to which he must enter, in order to qualify him for examination at Apothecaries' Hall, or the College of Surgeons. We therefore insert at once the following digest of the regulations of those institutions:—

CANDIDATES FOR THE DIPLOMA OF THE ROYAL COLLEGE OF SURGEONS

Are required to produce certificates,—

1. Of being 22 years of age.

2. Of having been engaged six years in the acquirement of professional knowledge.

3. Of having studied *Anatomy* and *Physiology*, by attendance on lectures and demonstrations, and by *Dissections*, during two anatomical seasons. An anatomical season is understood to extend from October to April inclusive, and to comprise at least 140 lectures on Anatomy and Physiology, occupying not less than one hour each, given on separate days; and at least 100 demonstrations of the like duration, given in a similar manner; exclusive of dissections of which distinct certificates are required.

4. Of having attended at least two courses of lectures on *Surgery*, delivered in two distinct periods or seasons, each course to comprise not less than sixty lectures.

5. Of having attended lectures on the practic of Physic, on *Chemistry*, and on *Midwifery*, during six months; and on *Botany* and *Materia Medica* during three months.

6. Of having attended during twelve months the surgical practice of a recognised *hospital* in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for six months in any one of such hospitals, and twelve months in any recognised provincial hospital.

CANDIDATES FOR THE LICENSE OF THE APOTHECARIES' COMPANY

Are required to produce certificates of having attended the following courses of lectures and practice:—

Chemistry.—Two courses; each course consisting of not less than forty-five lectures.

Materia Medica and Therapeutics.—Two courses; each course consist of not less than forty-five lectures.

Anatomy and Physiology, and *Anatomical Demonstrations.*—Two courses; of the same extent as required by the Royal College of Surgeons, of London.

Principles and Practice of Medicine.—Two courses; each course consisting of not less than forty-five lectures, to be attended subsequently to the first course of lectures on Chemistry, Materia Medica, and Anatomy and Physiology.

Botany.—One course.

Midwifery and the *Diseases of Women and Children.*—Two courses—*Forensic Medicine.*—One course; to be attended during the second year.

And twelve months, at least, the physicians' practice at a hospital (containing not less than sixty beds), such attendance to commence on the second year. Students are moreover recommended diligently to avail themselves of instruction in *Morbid Anatomy*, and to attend *Clinical Lectures.*

The next duty of the student is, to decide on the hospital and school, or the isolated courses of lectures, which he will attend; and of these the hospital is the first point for his decision.

There were, last year, in London, seven public hospitals from which to select. There are seven still, and they stand as follows, enumerating them as they lie on parallel lines commenced eastward and continued westward. Their names are as follows:—1. THE LONDON HOSPITAL, Whitechapel; 2. ST. THOMAS'S HOSPITAL, Southwark; 3. GUY'S HOSPITAL, Southwark; 4. ST. BARTHOLOMEW'S HOSPITAL, Smithfield; 5. THE MIDDLESEX HOSPITAL, near Tottenham-court-road; 6. THE WESTMINSTER HOSPITAL, opposite Westminster Abbey; 7. ST. GEORGE'S HOSPITAL, Hyde-park Corner. Of these, the present Westminster Hospital is a new erection, on a new site, but an old institution; and St. Thomas's Hospital is being rebuilt.

In a short time an eighth hospital will be open to students—THE LONDON UNIVERSITY HOSPITAL, opposite the London University; and an effort is making to put into a train for medical education the wards of a new building, erected near the Strand, called THE CHARING-CROSS HOSPITAL.

To all these hospitals, except the Middlesex, are attached medical schools, more or less intimately allied to them, and, severally, of a more or less imposing kind,—imposing to the eye,—in the array of lectures advertised to be delivered therein. Thus, at St. Bartholomew's Hospital, the lectures amount to the preposterous number of thirteen distinct courses; while, at St. George's, the courses amount only to five.

But there are many schools which are quite as good as some of those that are situated within the areas of the hospitals. There are also lecturers, who are not connected either with a hospital or a school. Lists of all these, as far as diligent inquiry has made us acquainted with them, we shall present to the notice of the student, commencing eastward, and placing the schools near the hospitals to which they are respectively contiguous.

The sums named under the head of "Fees," constitute the charges for "single" or "first" courses, and for "perpetual" attendance. A "second" course, or payment for two courses at once, may be bargained for, *at the outset*, perhaps to the pecuniary advantage of the pupil

LONDON HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.				
			£	s.		£	s.
Medicine.	Dr. Billing and Dr. Davies.	Tues. Thurs. & Fri. at 3½ p.m.	4	4	&	7	7
Materia Medica.	Dr. Cobb.	Wed. and Fri. at 9 a.m.	3	3	&	4	4
Midwifery.	Dr. F. Ramsbotham.	Tues. Thurs. & Sat. at 10.	3	3	&	7	7
Chemistry.	Mr. Pereira.	Mon. Wed. and Fri. at 10 a.m.	4	4	&	8	8
Medical Jurisprudence.	Dr. Cobb, Dr. F. H. Ramsbotham, and Mr. Pereira.	Saturday, at 3½ p.m.	3	3	&	4	4
Anatomy, Phys. & Opcrations of Surgery.	Messrs. Luke, Hamilton, & Adams.	Daily, at 2½ p.m.	5	5	&	10	10
Anatomy, with Dissect. &c.	Messrs. Hamilton & Adams.	Daily, from 11 till 4.	3	3	&	10	10
Surgery.	Mr. John Scott.	Mon. and Wed. at 7 p.m.	3	3	&	5	5
Botany.	Mr. Pereira.	No days named.	2	2	&	3	3

Lectures on Phrenology, with Demonstrations of Gall and Spurzheim's Views of the Brain, human and comparative, delivered by Mr. H. Haley Holm. Fee not named in the prospectus.

General Fee for Attendance upon all the above Lectures, qualifying for Royal College of Surgeons, and Apothecaries' Hall, 50*l*.

HOSPITAL PRACTICE.—Physicians: Drs. Frampton, Billing, and Gordon.

Terms for Physicians' Pupil.—Twelve months, 10 guineas; Perpetual, 20 guineas; Apothecaries' Fee, 1 guinea.

Surgeons: Mr. Andrews, Mr. John Scott, and Mr. Luke.

Terms for Surgeons' Pupil.—Twelve months, 20 guineas; ditto as dressing pupil, 30 guineas; six months ditto, 20 guineas; library, 1 guinea.

Clinical Lectures on *Medicine*, by Drs. Billing and Gordon; and on *Surgery*, by the Surgeons.

ST. THOMAS'S HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.				
			£	s.		£	s.
Medicine.	Dr. Williams.	Mon. Wed. and Fri. at 10 a.m.	3	3	&	6	6
Mat. Medica.	Dr. Burton.	Mon. Wed. & Fri. at 4 p.m.	3	3	&	4	4
Midwifery.	Dr. Rigby.	Tues. Thurs. and Sat. at 4 p.m.	3	3	&	6	6
Chemistry.	Mr. R. Phillips.	Tues. Thurs. and Sat. at 10. a.m.	4	4	&	6	6
Med. Juris.	Dr. Lister and Mr. R. Phillips.	Tues. at 12.	3	3	&	4	4
Anatomy, &c., and Demonstrations.	Messrs. Mackmurdo & Solly, & Messrs. B. Travers, jun., & Mr. Clarke.	Daily at 2½ p.m., and 11 a.m.	8	8	&	21	0
Surgery.	Mr. Tyrrell.	Mon. and Fri. at 8 a.m., and Wed. at 7 a.m.	3	3	&	5	5
Botany.	Mr. J. Hayes.	Not till April.	2	2	&	3	3

HOSPITAL PRACTICE.—Drs. ROOTS and WILLIAMS are the physicians to this hospital; and Messrs. GREEN, TRAVERS, and TYRRELL, the surgeons; and the following are the charges for attendance on the practice:—

Medical Practice.—Physicians' pupil, two years, 24*l*. 3*s*.; one year, 15*l*. 15*s*. The

physicians make their visits daily at one o'clock; Dr. Williams on Mondays and Thursdays; Dr. Roots on Tuesdays and Fridays; Dr. Elliotson having resigned, no physician is named in the prospectus for Wednesdays and Saturdays; Dr. Burton sees the Out-patients on Thursdays and Saturdays at eleven. Clinical Lectures will be delivered to the Physicians' Pupils by Dr. Williams and Dr. Roots.

Surgical Practice.—Dresser, one year, 51*l.* 2*s.*; six months, 32*l.* 12*s.*; Surgeons' Pupil, one year, 26*l.* 6*s.*; six months, 20*l.*; a second entry, if within two months, 6*l.* 12*s.* The surgeons make their visits daily; Mr. Travers on Mondays and Thursdays at one o'clock; Mr. Green on Tuesdays and Fridays at one o'clock; Mr. Tyrrell on Wednesdays and Saturdays at half-past one o'clock; Mr. Tyrrell sees the Out-patients on Wednesdays at one o'clock; Mr. South sees the Out-patients on Mondays and Wednesdays at eleven o'clock; on Friday operations are performed. Clinical Lectures will be given to the Dressers and Surgeons' Pupils, by Mr. Travers, Mr. Green, and Mr. Tyrrell.

Pupils entering to the Surgical Practice of St. Thomas's Hospital, are allowed to attend that of Guy's.

A library and reading-room (admission one guinea) are attached to the hospital.

A public distribution of prizes will take place in May.

GUY'S HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.					
			£	s.		£	s.	
Medicine.	Drs. Bright and Addison.	Mon. Wed. and Fri. at 3½ p.m.	4	4	&	8	8	
Mat. Medica.	Dr. Addison.	Tues. Thurs. and Sat. at 3½ p.m.	3	3	&	4	4	
Midwifery.	Dr. Ashwell.	Daily at 8½ a.m.	3	3	&	10	10	
Chemistry.	Messrs. Aikin and Taylor.	Tues. Thurs. and Sat. at ¼10 a.m.	4	4	&	8	8	
Med. Juris.	Mr. A. Taylor.	Mon. and Fri. at 3½ a.m.	3	3	&	4	4	
Anatomy, &c.	Mr. B. Cooper.	Daily at 2 p.m. & ¼10 a.m.	8	8	&	21	0	
Surgery.	Messrs. Key and Morgan.	Tues. Thurs. and Fri. at 8 p.m.	3	3	&	5	5	
Botany,	Mr. C. Johnson.	Mon. Tues. Thurs. Fri. at ¼5 p.m.	2	2				

Lectures on *Morbid Anatomy* are also announced here, by Dr. Hodgkin—demonstrations at one o'clock; Fee, 2*l.* 2*s.* perpetual; and Clinical Lectures are promised by the physicians. Mr. T. Bell lectures on the Teeth for the lecturer on Anatomy, and he also gives lectures on Comparative Anatomy on Mondays and Wednesdays, at a quarter-past seven p.m., for 2*l.* 2*s.* perpetual. There is an Eye Infirmary attached, attended by Mr. Morgan, on Mondays and Fridays at twelve; and a course of lectures on Experimental Philosophy is delivered on Mondays at three p. m., by Mr. W. M. Higgins. Single course, 2*l.* 2*s.*; perpetual, 3*l.* 3*s.*

Hospital Practice.—The physicians are, Drs. Cholmeley, Bright, and Back. The surgeons are, Messrs. Key, Morgan, and B. Cooper. Assistant-surgeon, Mr. Callaway.

Sir Astley Cooper is announced as consulting surgeon, and visits the hospital *perhaps twice in the season.* The surgeons and physicians promise clinical lectures. *The clinical wards are not opened to pupils until the first week in November.*

Physicians' Pupil.—Perpetual, 24*l.* 4*s.*; one year, 15*l.* 15*s.*

Surgeons' Dresser.—One year, 51*l.* 2*s.*; six months, 32*l.* 12*s.*

Surgeons' Pupil. — Twelve months, 26*l.* 6*s.*; six months, 20*l.*; a second entry within two months, 6*l.* 11*s.*

Pupils entering to the Surgical Practice of Guy's Hospital, are allowed to attend that of St. Thomas's.

A library and reading-room are attached. The examination of patients for admission, at which the physicians and surgeons are *said* to attend, takes place at ten a. m.

Dr. Blundell has left this school, and taken with him the whole of his splendid museum. His reasons for resigning will be found recorded by the worthy Doctor himself at page 27. Vide also Advt.

THEATRE OF ANATOMY AND MEDICINE, *Webb Street, Maze Pond, Borough.*

Subjects.	Lecturers.	Days and Hours of Lectering.	Fees.				
			£	s.		£	s.
Medicine.	Dr. Whiting.	Mon. Wed. and Fri. at ¼4 p.m.	4	4	&	6	6
Mat. Medica.	Dr. Whiting and Mr. Everitt.	Tues. Thurs. and Sat. at ¼10 a.m.	3	3	&	4	4
Midwifery.	Dr. F. H. Ramsbotham.	Tues. Thurs. and Sat. at 6 p.m.	3	3	&	6	6
Chemistry.	Mr. Cooper.	Mon. Wed. and Fri. at ¼10 a.m.	4	4	&	6	6
Med. Juris.	Dr. S. Smith & Mr. Cooper.	Tues. and Thurs. at ¼4 p.m.	3	3	&	5	5
Anatomy, Physiology, and Demonstrations.	Messrs. Grainger, Pilcher, Millard, and E. Barron.	Daily, at 2½ p.m. & Mon. Tues. Thurs. and Fri. at 11¼ a.m.	5	5	&	10	10
Surgery.	Messrs. Grainger and Pilcher.	Mon. Wed. and Fri. at 6 p.m.	3	3	&	5	5
Botany.	Dr. R. Dickson.	Not until April.	3	3	&	4	4

To the advertisement of the lectures on *medical jurisprudence*, the following note is attached:—"Gentlemen entering to this Course have the privilege of attending gratuitously the practice of the *London Fever Hospital.*" We advise pupils to take advantage of this privilege if they enter to the course, and can procure time to visit the hospital. No practice can be more worthy of observation than that of the Fever Hospital. There is an excellent museum attached to the school. Periodical examinations are held by each lecturer. A medical society holds meetings for discussion here, on every other Saturday evening at a quarter to eight.

ST. BARTHOLOMEW'S HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.				
			£	s.		£	s.
Medicine.	Dr. Hue.	Tues. Thurs. and Sat. at 10 a.m.	4	4	&	6	6
Mat. Medica.	Dr. Roupell.	Tues. Thurs. and Sat. at ¼4 p.m.	3	3	&	4	4
Midwifery.	Dr. Ashburner.	Tues. Thurs. and Sat. at 7 a.m.	3	3	&	7	7
Chemistry.	Dr. Hue.	Mon. Wed. and Fri. at 10 a.m.	4	4	&	8	8
Med. Juris.	Dr. Burrows.	Wed. and Fri. at ¼4 p.m.	3	3	&	4	4
Anatomy, Phys., and Demons.	Messrs. Stanley, Wormald, & M'Whinnie.	Daily, at 9 a.m. and 2½ p.m.	8	8	&	21	0
Surgery.	Mr. Lawrence.	Mon. Wed. and Fri. at 7 p.m.	5	5	&	8	8
Botany.	Dr. F. J. Farre.	Mon. Tues. Thurs. and Sat. at 11¼ a.m.	2	2	&	3	3

"The medical officers and lecturers of the hospital announce, that at the conclusion of the season, a competition will be opened in each department of the school, to those students who may be disposed to engage in it; and that prizes, with other distinctions, will be publicly awarded to such as may show superior talents and proficiency."

HOSPITAL PRACTICE.—The surgeons of the hospital are, Messrs. VINCENT, EARLE, and LAWRENCE. The physicians are, Drs. HUE, LATHAM, and ROUPELL.

The terms for attendance on the HOSPITAL PRACTICE are—*Medical* practice, twelve months, 15*l.* 15*s.*; *Surgical* practice, six months, 18*l.* 18*s.*; twelve months, 26*l.* 5*s.* The *surgeons' visits* are made

thus:—Mr. LAWRENCE on Mondays, Wednesdays, and Fridays; Mr. EARLE on Tuesdays and Fridays; Mr. VINCENT on Tuesdays, Thursdays, and Saturdays. They go round the wards at half-past twelve. The physicians' duties are performed at the following periods:—Dr. LATHAM goes round on Mondays and Wednesdays at eight a.m., and sees his out-patients at nine a.m. on Fridays. Dr. ROUPELL visits on Tuesdays, Thursdays, and Saturdays, at twelve. Dr. HUE on Mondays, Wednesdays, and Fridays, between twelve and one. Clinical lectures are promised. To the hospital are attached a medical society, a museum, and library, all open to students, under certain regulations.

MEDICAL SCHOOL, 58, ALDERSGATE-STREET,
(Near St. Bartholomew's Hospital.)

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.					
			£	s.		£	s.	
Medicine.	Dr. Marshall Hall.	Mon. Wed. and Fri. at 8¼ p.m.	3	3	&	5	5	
Mat. Medica.	Mr. Pereira.	Mon. Wed. and Fri. at 4¼ p.m.	2	2	&	4	4	
Midwifery.	Mr. Walford.	Tues. Thur. and Sat. at ¼7 p.m.	3	3	&	5	5	
Chemistry.	Mr. Pereira.	Tues. Thur. and Sat. at 10 a.m.	3	3	&	5	5	
Med. Juris.	Dr. W. Cummin.	Tues. and Sat. at 11 a.m.	2	2	&	3	3	
Anat. & Phys.	Mr. Skey.	Daily at 9 and 2½ p.m.	6	6	&	10	10	
Botany.	Mr. Pereira.	(No time named.)	2	2	&	3	3	

Unlimited attendance on all the lectures, Thirty Guineas.

SCHOOL OF MEDICINE, 18, GILTSPUR STREET,
(Near St. Bartholomew's Hospital.)

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.					
			£	s.		£	s.	
Medicine.	Dr. Tweedie.	Mon. Wed. and Fri. at 3½ p.m.	3	3	&	5	5	
Chemistry.	Mr. Hemming.	Mon. Wed. and Fri. at 10 a.m.	3	3	&	5	5	
Mat. Med.	Mr. Barnes.	Tues. Thurs. and Sat. at 10 a.m.	2	2	&	3	3	
Midwifery.	Dr. R. Lee.	Tues. Thurs. and Sat. at 3½ p.m.	3	3	&	5	5	
Med. Jurisprud.	Mr. Hemming.	Tues. and Thurs. at 6 p.m.	2	2				

Students who enter into the Lectures of Dr. Tweedie, at the Giltspur-street school, are allowed to see practice at the *London Fever Hospital*, Battle Bridge, of which Dr. Tweedie is a physician. The pupils of Dr. Southwood Smith, at Granger's school in the Borough, obtain similar privilege. This is an advantage of much value. The man who has well studied fever possesses an important key to the treatment of all other diseases, and we believe that in the furtherance of his knowledge of fever, Dr. Tweedie's pupils would receive at the fever hospital such conscientious assistance from the Doctor as is seldom conceded by the physicians of the London hospitals to their pupils.

Dr. Marshall Hall's lectures at the Aldersgate-street school may, we consider, be attended with advantages which the course on Medicine at St. Bartholomew's will not yield.

UNIVERSITY OF LONDON MEDICAL SCHOOL.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.				
			£	s.		£	s.
Medicine.	Dr. Elliotson.	Daily at 8.*	5	0	&	7	0
Mat. Medica.	Dr. A. T. Thomson.	Daily at 3 p.m.*	6	0	&	9	0
Midwifery.	Dr. D. D. Davis.	Daily at 9 a.m.*	5	0	&	7	0
Chemistry.	Dr. Turner.	Daily except Sat. at 10 a.m.*	7	0	&	10	0
Med Juris.	Dr. A. T. Thomson.	Tues. and Fri. at 4 p.m.	3	0			
Anatomy, &c.†	Dr. Quain and Mr. R. Quain.	Daily except Sat. at 2 p.m. and daily dissections.	12	0	&	18	0
Surgery.	Mr. S. Cooper.	Mon. Wed. and Fri. at 7.	4	10	&	6	0
Botany.	Dr. Lindley.	Tues. Thurs. Fri. and Sat. at 8 a.m.	3	0	&	6	0
Morbid Anat.	Dr. Carswell.	Mon. Wed. and Fri. at 10.	3	0			
Compar. Anat.	Dr. Grant.	Daily except Sat. at 3.	3	0			
Veterinary Med.	Mr. Youatt.	To begin Nov. 1st.	5	0	&	7	0

* Except during the first and last six weeks, when Dr. Elliotson's lectures are not delivered on Tuesdays and Thursdays, and Dr. Davis's not on Fridays and Saturdays, Dr. Thomson and Dr. Turner also will not lecture on alternate Saturdays.

† The operations of surgery are made by Mr. QUAIN a part of the *Practical Anatomy*, with a view to afford the students the opportunity of their performance.

Professor GRANT will also give a practical course of lectures on *Human Physiology*, on Mondays, Wednesdays, and Fridays, at 12 o'clock, during February, March, and April, at his house, 10, Seymour Place North, Euston Square, the fee for attendance on which is 3*l*. THIS IS THE ONLY DISTINCT COURSE OF LECTURES ON PHYSIOLOGY DELIVERED IN LONDON.

A hospital has been founded opposite the University, and it is expected to be completed and opened during the present year. The fee for medical and surgical practice during one year will not exceed 25*l*.

A museum of anatomy, and a medical and general library, are open to the medical students every day, from 9 in the morning till 9 in the evening during the medical session. During the vacation they are open from 9 a.m. to 5 p.m.

Frequent examinations are held in every class; and those pupils only who have regularly attended these examinations will be admitted to contend for honours at the close of the session.

The University Dispensary in George Street, Euston Square, is attended by medical officers of the University.—Fee for twelve months' attendance, 6*l*. 6*s*. House Surgeon and Apothecary, J. Hogg, M.D. As soon as the Hospital shall be opened for the reception of patients, the Dispensary will form a part of the Hospital.

KING'S COLLEGE MEDICAL SCHOOL.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.				
			£	s.		£	s.
Medicine.	Dr. F. Hawkins.	Mon. Wed. and Fri. at 9 a.m.	3	3	&	6	6
Mat. Medica.	Dr. B. Hawkins.	Mon. Wed. and Fri. at 11 a.m.	3	3	&	6	6
Midwifery.	Dr. R. Ferguson.	Tues. Thurs. and Sat. at 11 a.m.	3	3	&	6	6
Chemistry.	Mr. J. F. Daniell.	Tues. Thurs. and Sat. at 9 a.m.	4	4	&	8	8
Med. Juris.	Dr. Watson.	Tues. and Thur. at 4½ p.m.	3	3	&	4	4
Anatomy, &c.	Messrs. Mayo and Partridge.	Daily, except Wed. at 2½ p.m., and daily at 11 a.m.	8	8	&	18	18
Surgery.	Mr. J. H. Green.	Mon. Wed. Fri. at 8 a.m.	4	4	&	6	6
Botany.	Mr. G. Burnett.	Daily at 8 a.m.	3	3	&	4	4

All Medical College students must attend the College Chapel, and are expected to seek religious instruction from the Principal. "Occasional pupils'" money will be taken, for particular courses, if wished, but such pupils are not regarded as King's College Students. Prizes are annually competed for here, as well as at the London University, and there are a medical library and museum at the hospital.

[We are not quite certain that during this session any medical school will be held at the institution bearing the name of "King's College," as, after two applications, the terrified beadle could not find any prospectus of medical lectures amongst his list for 1834-35. Their discontinuance, however, will be productive of no loss to students. We have made out a table, from a former prospectus, at a venture, being aware that, in consequence of the predilection of this institution for ancient forms, the same curriculum will certainly be adopted during the coming winter in case any medical lectures are given here. Could we have said something favourable of the past efforts of the professors, it would have given us pleasure to do so, and to have seen a useful medical school flourishing within the walls of the building.]

CHARING CROSS HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.				
			£	s.		£	s.
Medicine.	Dr. Shearman.	Mon. Wed. Fri. at 11 a. m.	3	3	&	5	5
Mat. Medica.	Dr. Sigmond.	Tues. Thurs. Sat. at 11 a. m.	3	3	&	5	5
Midwifery.	Drs. Golding and Chowne.	Tues. Thurs. at 8 p.m.	3	3	&	5	5
Chemistry.	Mr. Maugham.	Mon. Wed. Fri. at 10 a.m.	4	4	&	8	8
Med. Jurisprud.	Drs. Sigmond and Chowne, and Mr. Maugham.	Tues. at 7 p.m.	2	2	&	3	3
Anatomy, Phys., and Demons.	Messrs. Jones and Lucas.	Daily at 9 a.m., and 2½ p. m.	6	6	&	12	12
Surgery.	Messrs. Pettigrew and Howship.	Mon. Wed. Fri. at 8 p.m.	3	3	&	5	5
Botany.	Mr. Salisbury.	Tues. and Thurs. at 10 a.m.	2	2	&	3	3

A course on Mechanical Philosophy will be delivered by Mr. Toplis. Dr. Shearman will deliver the introductory lecture on the opening of the school, on the first of October, at 2 p.m.

This is altogether a new school, and is connected with a hospital, founded on the site of an humble dispensary, situated at an opening at the Charing-Cross end of the Strand. The hospital is intended to be open to students, and on application for particulars on this point we received the subjoined document, which is well worthy the attention of the curious. Let the student who is seeking to purchase "certificates" for presentation at the College or Hall, notice especially the line we have printed in italics. The Council, it seems, pauses in its "recognition" of the hospital. Some say that the circumstance is a sufficient evidence of its opinion of the capabilities of the teachers, and the means of medical instruction which the wards afford. The council is a second DANIEL. The document says nothing respecting the reception of the hospital "certificates" at Apothecaries' Hall. The hall is a third DANIEL. To satisfy students on the latter point we sent to make inquiry at the Hall on Tuesday last, when the official at the Hall replied, that he did not know whether "certificates of Charing Cross Hospital practice were received. He had not a list of the recognised hospitals before him, but he would inquire of the master by-and-by." The following is the document:—

"*Charing-Cross Hospital.*

"Students are admitted to the practice of the professional officers of this charity. *Physicians*: Dr. SHEARMAN, Dr. GOLD-

ING (Director), Dr. SIGMOND, Dr. CROWNE. *Surgeons*: Mr. PETTIGREW and Mr. HOWSHIP.

"*Terms*: Medical Practice, 10*l*. 10*s*.; Surgical Practice, 21*l*.

"A limited number of resident pupils is received under the superintendence and instruction of the Director; and clinical pupils are also admitted, to whom is confided the duty of keeping a record of all the cases in the wards, by which means ample and ready information is afforded to the governors, the officers, and the students, of the history, progress, treatment, and result, of every case.

"Practical instruction in midwifery and the complaints of women and children is afforded by the physician who has the charge of the obstetrical and out-patients' department.

"A physician and surgeon go round the wards daily, between twelve and one o'clock, and give explanatory disquisitions upon the more instructive cases. The day for operations is Saturday, between one and two o'clock.

"The number of beds already provided amounts to between sixty and seventy, and when the unfinished portion of the building is completed, upwards of 100 in-patients can be admitted, and the accommodations may be still further increased, at the option of the governors, to more than double that number, by the extension of the building, should the funds of the charity and the wants of the neighbourhood render a larger hospital desirable; but as the plan of the institution combines the two-fold intention of an hospital for the reception of the more distressing and urgent cases, and of a dispensary for the relief of those of less severity at their own abodes, it is considered that a moderately sized establishment, for the accommodation of as many dangerous cases of accident and disease as are likely to require admission, co-operating with the extensive means of the dispensary department, will suffice for the district, and it is presumed that this hospital will prove as efficient for the objects of charity, and as useful for professional instruction, as a larger institution, in which, by the indiscriminate admission of trifling as well as important cases, a great proportion of the former would occupy the beds.

"The *recognition* of the hospital is *at present the subject of correspondence with the College*.

"By the regulations of the charity, the officers daily record their coming and departure in a book kept for that purpose, and the attendance of the pupils and students upon their respective branches of study is also registered in a daily journal.

"JOHN ROBERTSON, Hon. Sec."

THE MIDDLESEX HOSPITAL PRACTICE.

None but *clinical* lectures are delivered here. The hospital students resort to the London University, or some of the surrounding private schools, for instruction in the form of lectures, or attend the lectures given (if any *be* given there) by some of the officers of the hospital at King's College in the Strand, which, however, is a mile and a quarter from the hospital.

The following is a list of the medical officers of the hospital:—

Physicians.—Dr. Hawkins, Prof. Practice of Physic, King's College; Dr. Watson, Prof. Medical Jurisprudence, King's College; and Dr. Wilson.

Surgeons.—Sir C. Bell; Mr. Mayo, Prof. of Anatomy, King's College; and Mr. Arnott, Lecturer on Surgery in the School of Little Windmill-street.

Assistant-Surgeon.—Mr. E. W. Tuson, Lecturer on Anatomy, School of Little Windmill-street.

A course of lectures on Clinical Surgery is promised to be delivered by the surgeons, and one of Clinical Medicine by the physicians. These lectures are open to all the pupils of the hospital.

The fees for admission to the practice of the hospital are as follows:—

Medical Practice.—During three months, 6*l*. 6*s*.; six months, 10*l*. 10*s*.; nine months, 12*l*. 12*s*.; twelve months, 15*l*. 15*s*.; unlimited attendance, 22*l*. 1*s*.; apothecary's fee, 1*l*. 1*s*.

Surgical Practice.—DRESSER for twelve months, 31*l*. 10*s*.; for six months, 21*l*. PUPIL for twelve months, 21*l*.; for six months, 15*l*. 15*s*.; for three months, 10*l*. 10*s*. From the dressers the house surgeon is elected, agreeably to his date of entrance. A pupil may be allowed three months' dressing, during the time of his pupilage, by paying 10*l*. 10*s*. extra.

Dr. Ley is attached to this hospital under the title of "Physician Accoucheur." The Surgeons go round the wards on Mondays, Wednesdays, and Saturdays, at half-past twelve o'clock; on Tuesdays, both Surgeons and Physicians take in patients; on Thursdays they both see the out patients; and Friday is the operating day. One of the physicians goes round the wards every day at half-past 12 o'clock.

THEATRE OF ANATOMY, LITTLE WINDMILL-STREET, GOLDEN SQUARE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.					
			£.	s.		£.	s.	
Medicine.	Dr. Macreight.	Tues. Thurs. Sat. at 10 a.m.	2	3	&	5	5	
Mat. Medica.	Dr. Steggall.	Mon. Wed. Fri. at 3½ p.m.	3	3	&	5	5	
Midwifery.	Dr. Jewell.	Tues. Thurs. Sat. at 7 p.m.	3	3	&	5	5	
Chemistry.	Mr. Everitt.	Mon. Wed. Fri. at 10 a.m.	3	3	&	6	6	
Med. Jurisprud.	Dr. Jewell and Mr. Everitt.	Tues. Thurs. at 3½ p.m.	2	2	&	3	3	
Anatomy, Phys., with Demonstrations.	Mr. Tuson.	Daily at 11 a.m. and 2½ p.m.	5	5	&	15	15	
Surgery.	Mr. Arnott.	Mon. Wed. Fri. at 7 p.m.	3	3	&	5	5	
Botany.	Mr. Harding.	(No time named).	1	1	&	2	2	

"Pupils can enter perpetual to all the lecturers for 40 guineas." The School is about equidistant from the Middlesex, the Westminster, and St. George's Hospitals.

PRACTICAL SCHOOL OF ANATOMY AND SURGERY, founded by the late Joshua Brookes, Blenheim-street, Great Marlborough-street.

The lectures commence Oct. 1st, at 7½ a.m., with a lecture by Mr. King.

First demonstration by Mr. Malyn, Oct. 7, at 11¼ a.m.

Anatomy, *Physiology*, and *Morbid Anatomy*, by Mr. KING and Mr. MALYN. *Demonstrations* and *Dissections* under the direction of Mr. Malyn.

Terms:—one course; lectures 3*l*. 3*s*.; demonstrations 3*l*. 3*s*.; perpetual to both, 10*l*. 10*s*.

Surgery and Surgical Operations, by Mr. King. One course, 3*l*. 3*s*.; perpetual, 5*l*. 5*s*.

Perpetual to Anatomy and Surgery, including Demonstrations, Dissections, and Operations, 14*l*. 14*s*.

WESTMINSTER HOSPITAL PRACTICE.

A NEW building has been erected opposite to Westminster Abbey, to which the name of "*Westminster Hospital*" has been transferred from the building in Petty France, hitherto known as the Westminster Hospital, which either is already abandoned, or will be in a short time; and patients applying for the medical aid of the institution, will henceforth be received at the new hospital, which will contain 250 beds, being more than twice the number belonging to th other building. It will also, like the old erection, be open to the attendance of students, and the following is a list of the medical officers, and their days and hours of attendance:—

Physicians.—Sir G. Tuthill, Monday and Friday at twelve o'clock; Dr. Bright, Monday and Thursday at twelve o'clock; Dr. Roe, Wednesday and Saturday at twelve o'clock.

Surgeons.—Sir A. Carlisle, Wednesday and Saturday at twelve o'clock; Mr. White, Thursday and Saturday at twelve o'clock; Mr. Guthrie, Monday and Saturday at twelve o'clock; Mr. W. Lynn, Wednesday and Saturday at twelve o'clock. *Consulting Surgeon*, Mr. Lynn; *Assistant-Surgeon*, Mr. Thomson, Tuesday and Friday at twelve. *Apothecary*, Mr. Bullock.

The fees of entrance are—

To the *Physicians' Practice*—As perpetual pupil. 21*l*.; as annual pupils, 15*l*. 15*s*.; as half-yearly pupils, 10*l*. 10*s*.

To the *Surgeons' Practice*—As perpetual pupils, 21*l*.; half-yearly pupils, 12*l*. 12*s*.

Of course, looking at the periods at which the physicians and surgeons make their visits, no pupil who sets any value on the information to be gained during those visits would be so stupid as to enter to the practice of both sets of officers, since he could not have the opportunities of going round with a physician and a surgeon on the same day, or seeing the entire practice of the staff. It may be stated, however,

that the pupils are permitted to go round the wards daily, from nine till eleven o'clock,—the physicians' pupils with the apothecary, accompanied by the clinical assistant, and the surgeons' pupils accompanied by the house-surgeons. At this hospital all surgeons' pupils may become dressers in turn, without payment of the enormous extra fee demanded at other hospitals, by giving the house-surgeon intimation of their wishes to that effect. Clinical lectures are promised to be given on Tuesdays, at one o'clock, by Dr. Roe, and occasionally by the surgeons. Tuesday is the "taking-in" day, and Saturday is the day for operations.

Westminster Hospital School of Medicine.

Subjects.	Lecturers.	Days and Hours of Lectures.	Fees.				
			£	s.		£	s.
Medicine.	Dr. Burne.	Mon. Wed. Fri. at 9. a.m.	3	3	&	6	6
Mat. Medica.	Dr. Weatherhead.	Mon. Wed. Fri. at 11 a.m.	3	3	&	6	6
Midwifery.	Messrs. North and Griffith.	Tues. Thurs. Sat. at 11 a.m.	3	3	&	6	6
Chemistry.	Mr. Crump.	Tues. Thurs. Sat. at 9 a.m.	3	3	&	6	6
Med. Jurisprud.	Dr. Graham.	Mon. Thurs. at 10 a.m.	3	3	&	4	4
Anatomy, Phys., and Demonstrations.	Dr. Todd and Mr. Dobson.	Daily lecture at 2½ p.m., and Demons. at various times.	8	8	&	16	16
Surgery.	Mr. Guthrie and Mr. Thompson.	Mon. Wed. and Fri. (?) at 5 p.m.	4	4	&	6	6
Botany.	Mr. Evans.	No time named.	2	2	&	3	3

This school is situated in Dean-street, and will open for the first time on the 1st of October with an introductory address by Mr. Guthrie. It has been the subject of much bitter dissension between Mr. Guthrie, one of the surgeons of the Westminster hospital, with whom Mr. Thompson, the assistant-surgeon of the same institution, is associated, and the other officers of that hospital. Mr. Guthrie, who is supported in his views by the treasurer of the hospital, wishes that the school may be considered as a connexion of the hospital, and demanded for it the name of "Westminster Hospital Medical School." The permission to use this title was, however, warmly opposed by the other surgeons and the physicians of the hospital, chiefly on the ground that but one medical officer of the hospital was a lecturer in the school. The question came before the governors, who decided it, by a small majority, with the ballot, against Mr. Guthrie. The vote, however, as far as concerns any effect which it produced on the school, might nearly as well not have been passed, for the school stands much as it was in all respects before the decision took place. It is likely, however, to be opposed by a rival in its immediate neighbourhood. We are informed that Sir George Tuthill and Dr. Roe, with the "sanction" of other medical officers of the hospital, are engaged in organizing another "Westminster Hospital School." If suitable premises could have been obtained in the vicinity of the hospital, the Tuthill school would have opened at the same time as the Dean-street establishment; but that being impossible, the school is intended to be opened next spring, or in the beginning of the following winter session.

In addition to Sir G. Tuthill and Dr. Roe the following gentlemen have been named to us as the intended lecturers:—Mr. Liston, of Edinburgh, on Surgery; Dr. Blundell on Midwifery; Mr. Malyn and Mr. Mackenzie Lecturers, and Mr. T. R. Jones Demonstrator, on Anatomy; Mr. Kemp on Chemistry; and Dr. Clendinning on Medical Jurisprudence. It seems more than probable to us, however, that the scheme will never be consummated.

With regard to Mr. Guthrie's connexion with the existing school, we have been told that "it will cease with the present session, in compliance with a resolution now in progress through the

Council of the College of Surgeons, prohibiting an examiner of the College from acting as a paid lecturer to medical pupils." Oh the virtuous knaves! To what shifts have we not driven this junto to redeem their character!

We advise all pupils who wish to enter to the lectures on Surgery at the present school, to ask Mr. GUTHRIE whether he will be compelled to cease lecturing under any such prohibition. Whether they propose to pay for one course only, or to enter as perpetual pupils, his answer, in either case, may be of consequence to them. Mr. GUTHRIE, however, may manage to evade the regulation of the council alluded to, and continue to hold the office both of lecturer and examiner,—for according to his declaration before the Parliamentary Committee, he was *not* a lecturer at the very moment that his name stood recorded as a lecturer on the bills of the Little Windmill-street School. Instances of the impolicy of entering as "perpetual" pupils at any of the schools, are, in truth, continually occurring in the fact that the lecturers are permanent at none of them. At some of the metropolitan medical schools not more than one gentleman of the whole number which last year occupied the chairs in them, is this year again lecturing at those establishments. Such changes occur incessantly. What, under these circumstances, becomes of the rights of the "perpetual" pupils? Mr. GUTHRIE last winter lectured at the Windmill-street School. This winter he has transferred his services to Dean-street. Will he continue to lecture to the Windmill-street "perpetual" pupils, if any such there be, without payment of a fresh fee in Dean-street? True, Mr. ARNOTT, who has taken the place of Mr. GUTHRIE in Windmill-street, offers to admit (gratis, we presume, though his placard does not so state it) the "perpetual" pupils of Mr. GUTHRIE'S former class, to the lectures on surgery which he (Mr. Arnott) is about to deliver; but these mutations should make pupils very exact in their inquiries when they are about to part with their money in the shape of fees to lecturers, especially when, even at best, so little benefit is derived under the lectorial system,—for at least one half of the medical pupils of this metropolis ultimately attend the instructions of private teachers in order to obtain knowledge sufficient to enable them to pass even the meagre examinations which they have to undergo at the College of Surgeons or Apothecaries' Hall. The present system of lectures, in fact, is supported solely by means of the certificate system. So soon as the latter is knocked away (which ere long it will be), the former will fall to the ground. Let the Members of our legislature, as they ponder on its fate, reflect on this fact,—that at the medical school of one hospital in London (St. Bartholomew's), not less than thirteen courses of lectures are advertised for delivery during the present winter, on almost every one of which it is made compulsory for the student to attend ere he will be admitted even to an examination before the governing medical institutions of the country—and that the charges attached to a "perpetual" entrance to those lectures (with anatomical demonstrations) amount, on summing up the several fees, to more than sixty guineas;—Let them reflect also on the fact, that the charge for twelve months' attendance (a *compulsory* attendance, there or elsewhere, for candidates at the College and Hall) on the medical and surgical practice of the hospital where those lectures are delivered, amounts to forty guineas;—Let them, we say, reflect on these facts, and then consider that two-thirds of the students who have thus paid one hundred guineas each in compliance with the *certificate* system, subsequently attend some private teacher, in order to "grind," *ab initio*, for their examinations as candidates for the diploma or license to practise; and that the fee paid for such private instruction does not commonly amount, for both purposes, to more than one tenth the sum paid for certificates of "recognised" hospital practice and lectures, (in proof of which we refer to the advertisements of the private teachers);—Let them, further, reflect on the fact, that while two years are, by compulsion, occupied in attending the hospital lectures and practice, rarely more than three months, and, in some instances, often not more than two months, are spent by students

in acquiring the ten guineas' worth of knowledge obtained from the private teachers; and that, with the stock of knowledge thus readily and cheaply obtained, — WITH THAT STOCK ALONE,— nearly every student passes his College and Hall examinations;—Let them consider these facts in conjunction, and pronounce that opinion which, alone, honest men and upright legislators can entertain of the present system. Let them be informed, further, that the very men who make the attendance on lectures and practice which we have named, compulsory—being themselves both the law-makers and fee-takers—know perfectly well that the present short and cheap system of private instruction exists, and is continually resorted to by students (this very fact having been made the subject of approbatory comment in the court-room of the examiners of the College of Surgeons during the examination of ultimately successful candidates.) Let them also know, that in the beadles' room of Apothecaries' Hall, the prospectuses and cards of address of private tutors and well-known "grinders" are actually given to students who call there, with a recommendation from the official to the student to attend the prelections of the "grinder," to enable him to pass the examination of the Company,—the officer of the Company often receiving a fee from the private teacher for each student who is thus induced to come to him;—(finally, the connivance of officers of the Company in enabling those *who have once paid the great fees* for *certificates*, to obtain their *knowledge* by the payment of *little* fees, not ceasing here), that the very plants of the Company may, for a petty bribe, be inspected, when on their road from Chelsea to the Hall, by candidates, at a tavern, on the night previous to their examination before the Court, so that those candidates, although very ignorant of botany, after having thus seen the particular plants respecting which they are next day to be questioned, may appear to possess a competent knowledge of that science; let our legislators weigh this accumulation of abuses, and hasten to relieve medical students from being thus grievously imposed upon, and medical science thus poisoned in the bud.

We had omitted to state, that at the *Westminster Hospital School of Medicine* "perpetual entry to all the lectures" may be made for forty-five pounds. However, until the certificate system—that wholesale system of swindling and plundering—is swept away,—and the period of its abolition is not distant,—let the student be cautious in his inquiries before entering as a "perpetual pupil" at any of the medical schools or hospitals.

MEDICAL SCHOOL, WESTMINSTER DISPENSARY,
9, *Gerrard Street, Soho.*

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.
Medicine.	Dr. Ryan.	Mon. and Wed. at 11 a.m.	Anat. Phy. Demons. and Surg.—Single course, 4*l.* 4*s.*; perpetual to all, 7*l.* 7*s.*
Mat. Medica.	Dr. Epps.	Mon. Wed. and Fri. at 9 a.m.	
Midwifery.	Dr. Ryan.	Tues. Thurs. and Sat. at 11 a.m.	One course on Medicine, 2*l.* 2*s.*; one on Midwifery, 2*l.* 2*s.*; two on either, 4*l.* 4*s.*; one on Med. Juris., 2*l.* 2*s.*; perpetual to all these, 8*l.* 8*s.*
Chemistry.	Dr. Epps.	Tues. Thur. and Sat. at 9 a.m.	
Med. Jurisprud.	Dr. Ryan.	Fri. at 11 a.m.	
Anat. Phys. and Demons.	Mr. Dermott.	Daily at 10 a.m., and 3½ p.m.	One course on Mat. Med., 2*l.* 2*s.*; one on Chemistry. 3*l.* 3*s.*; one on both, 5*l.* 5*s.*; one on Botany, (30 lectures), 1*l.* 11*s.* 6*d.*; perpetual to Chem., Mat. Med., and Bot., 7*l.* 7*s.*
Surgery.	Mr. Dermott.	Daily at 3½ p.m.	
Botany.	Dr. Epps.	Mon. Wed. and Fri. at 9 a.m.	

The School commences with a lecture by Dr. Epps, October 2nd, at nine a.m. Mr. Wade, surgeon to the Dispensary, gives lectures on *Morbid Anatomy*, without charge to pupils of the School.

Terms of attendance on the *Medical Practice of the Westminster Dispensary*, which is "recognised" at the Hall, five guineas.

ST. GEORGE'S HOSPITAL SCHOOL AND PRACTICE.

Subjects.	Lecturers.	Days and Hours of Lecturing.	Fees.				
			£	s.		£	s.
Medicine.	Drs. Chambers and Macleod.	Mon. Wed. and Fri. at 11½ a.m.	3	3	&	6	6
Mat. Medica.	Drs. Macleod and Seymour.	Tues. Thurs. and Sat. at 11½ a.m.	3	3	&	6	6
Midwifery.	Mr. Stone and Dr. H. Davies.	Mon. Wed. and Fri. at 9 a.m.	3	3	&	5	5
Chemistry.	None given.						
Med. Juris.	None given.	Tues. and Thurs. at 7¼ a.m.	3	3	&	4	4
Anatomy.	None given.						
Surgery.	Mr. C. Hawkins and Mr. G. Babington.	Mon. Wed. Fri. at 8 a.m.	3	3	&	5	5
Botany.	Dr. Dickson.	Tues. Thurs. and Sat. at ¼4 p.m.	3	3	&	4	4

The lectures at this School are not largely attended, and the hospital is one of little repute. The physicians are, Drs. Chambers, Seymour, Wilson, and Macleod.

Physicians' Pupils, entering for nine months, are to pay 12*l.* 12*s.*; for one year, 16*l.* 16*s.*; perpetual pupils, 25*l.* 4*s.* After nine months, such pupils as have entered for nine months, and at the expiration of that term are desirous of completing the year, are to pay eight guineas; or they may become perpetual pupils, by paying sixteen guineas. Such pupils as have entered for one year, and at the expiration of that term are desirous of becoming perpetual, are to make an additional payment of twelve guineas.

Every pupil is to pay one guinea to the apothecary.

"Clinical lectures are given gratuitously to the pupils of the hospital, by Dr. Seymour and Dr. Wilson; and lectures on Pathology, by Dr. Wilson; of which notice will be given."

The surgeons are, Sir B. Brodie, Mr. Keate, Mr. C. Hawkins, and Mr. Babington.

Surgeons' Pupils, entering for six months, are to pay 15*l.* 15*s.*; for twelve months, 21*l.*; as perpetual pupils, 52*l.* 10*s.* Pupils entering for twelve months are allowed to dress the patients, when considered qualified by the surgeons. A pupil having entered for six months, may become a twelve months' pupil, by paying five guineas before the expiration of six months; and may enter for a second half-year at any future period, by paying ten guineas.

A pupil, having attended one year, may enter for a second year, by paying fifteen guineas, or for an additional half year, by paying ten guineas.

Any physicians' pupil, of six months' standing, may attend the practice of the surgeons one year, upon paying sixteen guineas.

"Pupils entering for twelve months are allowed to dress the patients for three months without additional fee. The perpetual pupils are entitled to dress twice, and also to be house surgeons, when properly qualified for the office.

"Clinical lectures are given gratuitously to the pupils of the hospital, by Sir B. Brodie, Mr. Hawkins, and Mr. Babington, of which notice will be given."

Reception of patients on Wednesdays, at one.

Mr. Keate and Sir B. Brodie attend on Mondays and Fridays, at 1 p.m.; Messrs. Hawkins and Babington on Tuesday and Saturday, at the same hour. These latter persons see their own out-patients. Mr. Walker sees the out-patients of the senior surgeons, on Mondays and Fridays, at 1 p.m.; and the eye-patients at the same hour on Tuesdays and Saturdays. Drs. Chambers and Seymour attend on the same days and hours as Messrs. Keate and Brodie; Drs. Wilson and Macleod on the same days and hours as Messrs. Hawkins and Babington. The house surgeons go round every morning at 11 a.m.; and the apothecary does so at the same hour.

The days of operation are, Thursdays, at 1 p.m.; and for eye operations, on Saturdays, at the same hour. The post-mortem examinations take place between 1 and 2 p.m.; notices of which, as well as of every operation, are always, we are glad to say, put up in the hall, the pupils' room, and the out-patient's room, several hours before they are made.

INFIRMARY AND DISPENSARY PRACTICE.

MARY-LE-BONE INFIRMARY. — Pupils are admitted here on terms intermediate between those of hospitals and dispensaries, and the certificates are received at Apothecaries' Hall. The institution contains about 350 beds, and presents a great variety of cases, having departments for the insane, for infants and children, and for puerperal diseases. A correspondent informs us, that "the sphere for studying morbid anatomy is very wide, and that post-mortem inspections are carefully performed here. Auscultation also is extensively practised." Dr. MARSHALL HALL is, we believe, one of the physicians of the infirmary.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY, *No.* 60, *King-street, Golden-square.*—The *Medical Practice* (recognised by the Apothecaries' Company). *Physicians.* — Drs. Webster and Crane, who attend from 11 to 1 daily. Terms: for fifteen months, *6l. 6s.*; perpetual, *8l. 8s.* The *Surgical Practice—Surgeons,* Messrs. Palmer and Good, who attend from 11 to 1 daily. Terms: for one year, *2l. 2s.*; perpetual, *5l. 5s.* Lectures are delivered here, commencing October 1st, on *Medicine,* by Dr. George Gregory, on Mon. Wed. and Fri. at 9 a.m. Terms: first course, *3l. 3s.*; second course, *2l. 2s.*; perpetual, *6l. 6s.*; and on *Materia Medica,* by Dr. Webster, on Mon. Wed. and Fri. at 8 a.m. Terms: first course, *3l. 3s.*; second course, *2l. 2s.*; perpetual *5l. 5s.*

LECTURERS UNCONNECTED WITH SCHOOLS.

There are not many medical lecturers this year who are unattached to particular schools. The following, however, is a list of those whose prospectuses have been forwarded to us, and whose places of residence are situated at no great distance from one or other of the hospitals:—

Bartholomew Close, No. 93.—Dr. Waller; on *Midwifery;* Mondays, Wednesdays, and Fridays, at a quarter before six p.m., beginning October 3rd. Terms, one course, *3l. 3s.*; two courses, *4l. 4s.*; perpetual, *6l. 6s.*

Ely Place, Hatton Garden, No. 17.—Dr. Venables; on *Medicine;* Monday, Wednesday, and Friday, at a quarter to ten a.m., beginning October 6th. And on *Medical Jurisprudence and Toxicology;* Tuesday and Saturday, at a quarter to ten a.m., beginning October 7th. Terms; Medicine, one course, *3l. 3s.*; two courses, *4l. 4s.* Medical Jurisprudence, one course, *2l. 2s.* All the lectures, *5l. 5s.*

Westmoreland Buildings, Aldersgate Street. No. 3.—Dr. Roberts; on *Medicine;* Monday, Wednesday, and Friday, at ten a.m., beginning October 3rd. Terms: one course, *3l. 3s.*; two courses, *4l. 4s.* perpetual, *5l. 5s.*

Spring Gardens, No. 32.—Dr. Collier on *Medicine and Materia Medica,* commencing October 6th, at eleven a.m. Terms: one course, *4l. 4s.*; perpetual to all, *10l. 10s.*

Harley Street, Cavendish Square, No. 73.—Mr. Riadore; on *Surgery.* One course, *3l. 3s.*; two courses, *4l. 4s.*

Mr. J. H. Curtis delivers a course of lectures on the *Ear,* at 10, Dean Street, Soho, beginning October 1st, at seven p.m.

(Since the foregoing list was completed we have chanced to see advertisements of lectures on *Midwifery,* to be delivered by Dr. Thomas L. Blundell, at 83, Newgate Street, and on *Anatomy,* by Mr. Smith and Mr. Bushell at Great Windmill Street. We have received, however, no prospectuses of these lectures from those gentlemen.)

Of the PRIVATE TEACHERS we observe the prospectuses of the four following gentlemen only:—Dr. VENABLES, of Ely Place, Hatton Garden, an excellent toxicologist; Mr. MEADE, of 32, King Street, Borough, of whose talents and great assiduity we last year made honourable mention; Dr. Collier, of 32, Spring Gardens; and Mr. A. LEE, of Three Crown Court, Borough.

Finally, let students who wish to save twenty-two guineas, and the other extra expenses of obtaining an examination in Lincoln's Inn Fields, remember that it is NOT ILLEGAL TO PRACTISE SURGERY WITHOUT POSSESSING THE DIPLOMA OF THE COLLEGE OF SURGEONS.

MEASUREMENT OF THE PULSE.

THE SPHYGMOMETER.

"AN INSTRUMENT WHICH MAKES EVERY ACTION OF THE ARTERIES

APPARENT TO THE EYE."

INVENTED BY

DR. JULES HERISSON.

With Remarks on its Utility in the Study of Disease.

In our last Number we briefly announced the invention of the sphygmometer. We are now enabled to give a complete description of the instrument, being indebted to the pen of the author for the means of doing so. The sphygmometer promises materially to advance medicine as an exact science—too long, unfortunately, a mass of doctrines, consisting, for the most part, of mere opinions and hypotheses.

The instrument is composed of a graduated glass tube, fixed on a piece of coloured pasteboard, and terminating, below, in a semi-globular steel ball, which is closed by a fine membrane (we believe a portion of *baudruche*). The glass tube is fixed into a steel one of similar diameter, springing from the reservoir, and all communication between them may be interrupted at will by a small cock. A determinate quantity of mercury is placed in the reservoir, and is capable, when the instrument is well applied along the traject of an artery, of receiving and representing in the transparent tube the action of the vessel. As the diameter of the tube and reservoir and the quantity of mercury are the same in all the sphygmometers, they all furnish an identical measure of the pulse.

The subjoined engraving represents the instrument, the manner of applying which is very simple and easy. The patient's arm being fixed in a proper manner, the base of the reservoir is placed over the traject of the radial, or any other artery, in such a manner that the artery traverses as much as possible the centre of the base. The sphygmometer is now to be pressed gently on the artery, until the maximum of impression be attained. This done, the instrument is to be held, without further pressure, upon the vessel, and its action observed in the tube.

Made by M. PAUL GARNIER, rue taitbout, 8 bis.

Manner of applying the Instrument.

The base (A B) of the instrument is to be seized between the thumb and index finger, and applied over the traject of the radial artery opposite the styloid process, where the pulse is ordinarily felt. The instrument is now to be gradually pressed on the vessel, while the physician observes carefully the force of impulsion communicated to the mercury, and he is not to commence his observations on the pulse, until by comparison he has ascertained the maximum of impulsion. The centre line of the membrane which closes the reservoir (A B) should, as far as possible, correspond to the traject of the artery. When the observation is completed, the stop-cock is to be turned, in order to prevent the loss of the mercury through the tube (D), which is not closed above.

A B, reservoir for the mercury.

C, cock to be turned when the instrument is applied. This is merely of use to prevent the mercury from being lost through the top of the tube.

D, glass tube, graduated.

In order to determine the degree of pressure which should be exercised in each case, Dr. HERISSON proposes the following rule:—Suppose that at 10° of pressure (that is, when the instrument is sufficiently pressed on the skin to raise the mercury up to 10°), we have an impulsion of 2°; at 15° of pressure we have an impulse of 4°; at 20°, of 6°; at 25°, of 10°; and at 26°, 27°, 28°, &c., we obtain only 8° of impulse, or less; it is manifest that the maximum of impulsion is 10°, and the point of pressure at which that impulse is to be obtained is 25°.

Hence in this case the instrument should be pressed over the wrist until the mercury mounts to 25°, when the maximum of impulse is obtained, and at each beat of the pulse the mercury will ascend 10° in the tube.

[The maximum of impulse is, therefore, easily obtained; but to avoid all sources of error, it is evident that the maximum of pressure, 25°, should be always kept up without variation. In manœuvring the instrument, this may require some tact and exercise, and the difficulty of keeping up a fixed pressure with the hand is the only objection which can be conscientiously made to the instrument. Perhaps by enlarging the scale of degrees, this error might be so reduced as to become of no practical importance, or, by a modification of the instrument, the pressure might be transferred to machinery, instead of being confided to the hand of the operator.]

The positive advantages of the sphygmometer are easily deduced:—When placed over the region of the heart, or along the traject of an artery, it submits to the eye of the physician the movements of the central organ and pulse.

Here an important question, upon which the destiny of the sphygmometer hangs, presents itself; viz. Should it be preferred to the touch, as a means of appreciating the force and rythm of the pulse? In order to answer the question, let us consider briefly the value of the touch as connected with the pulse.

The first circumstance which must strike us is the diversity of sensation in different individuals. In order that sensation be the same in different subjects, the conditions of the organ in which it resides should be identical; but how far is this from being the case? It is unnecessary to enumerate the variations arising from age, delicacy of organization, habit, exercise, &c. Hence as the perception of each is modified by any of the circumstances just mentioned, the judgment must also vary, because we find no identity of sensibility, or of the conditions which may render it uniform in a given number of persons. The touch, as a means of appreciating the pulse, can only be useful to the physician who practises it daily; but supposing the sensation transmitted to be a correct measure of the heart's action, can the memory of this sensation, which we experienced yesterday, or perhaps several days ago, be sufficiently exact and infallible to permit a just comparison of the state of the pulse at two distant periods? We do not hesitate to answer in the negative. By the assistance of the touch alone, we can only have a very imperfect and inexact idea of the changes which the pulse undergoes during the course of a disease. The truth of this proposition may be easily illustrated. Suppose the pulse of a patient, whom we examine for the first time, appears strong, full, equal; a slight change in the condition of the pulse may take place on the following day. Admitting (what is not probable) that the touch can appreciate *a very slight* alteration, can the physician determine by his finger *the exact value* of the augmentation or diminution of the pulse, the nature of its rythm? No; we are reduced to conjectures, because a fixed basis of comparison is wanting. The physician may say to himself, the pulse is a little more or less strong or hard; there is some change in the regularity, &c.; but in all he observes there is nothing positive or exact; he is aware of some alteration in the circulating system, but he is unable to determine the nature of this alteration in a rigorous manner. In the exercise of medicine, correct information can only be drawn from exact observations, and by the existing method of investigating the pulse, our patient may fall a victim to the obscure results of the most attentive examination.

Again, let us suppose a number of physicians assembled to decide upon the nature of a difficult and dangerous case, what a diversity of opinions do we often find! One feels the impulse strong and regular; another considers the impulse as moderate, but remarks the presence, perhaps, of a slight degree of irregularity; the sensation of a third transforms irregularity into intermittence, &c. Hence a difference of diagnosis, and a conse-

quent difference in the mode of treatment. Each supports his own opinion, because he judges according to the indications transmitted to him by the sense of touch, and the truth remains in doubt for want of a test.

It may be objected here, that in the practice of medicine we do not require such nice and accurate distinctions, and that the indications resulting from the touch, though rough, are sufficient for all practical purposes. But this is an illusion,—an excuse to cover our ignorance. Before the discovery of the stethoscope, the same objection would have been made, and with greater force, to the physician who pretended to distinguish and draw therapeutical indications from a slight variation of the respiratory murmur; but we are now convinced that the transition of one sound to another is a symptom of the most important changes in the organization of the lung; and may indicate the resolution of a pneumonia or the softening of a tubercle. The use of the stethoscope does not exclude the appreciation of the rational symptoms of pulmonary disease. In like manner the sphygmometer, far from excluding the touch, is only destined to supply it in the examination of certain conditions of the pulse, such as the force, the regularity, rythm, &c.

Let us now examine more specially the advantages presented by Dr. HERISSON'S instrument:—

1st. Every physician of experience must be aware that the circulation, like other functions, often exhibits anomalies, some of which are so far removed from the normal type, that we might be inclined to regard them as symptoms of organic disease of the heart, if they did not coexist with perfect health; and what is more extraordinary, those very anomalies disappear, and the pulse assumes the normal type, whenever the general health becomes deranged. This observation was made long before the discovery of the sphygmometer, but only in a vague manner. There are many peculiarities which cannot be discovered without the aid of this instrument; hence the first advantage which it presents, is to enable the physician to reduce to writing an exact description of the state of the pulse of all his patients during health. It is easy to appreciate the utility which this preliminary information promises, whenever the health of a patient may become deranged. Dr. HERISSON gives the following example, taken from his note-book:—A. M., thirty years of age, in perfect health; the pulse examined in the morning gave the following results:—number, sixty per minute; force, 10° of elevation at each pulsation of the heart; quality, equal, regular, supple, &c. A. M. became ill; his pulse now exhibited an increase to seventy per minute, with 12° of elevation; it was no longer equal, and the time separating each pulsation was no longer regular; the pulse was also hard. It is evident that by comparing these two descriptions, the physician is enabled to determine exactly, and at first sight, the deviations of his patient's pulse from the normal state, and his whole object should be to reduce the pulse to that state, which he is enabled to do by referring to the observations made during health, and comparing them with those furnished by the deranged circulation.

2nd. The sphygmometer will be of great utility when applied in hospitals appropriated to medical instruction. The instrument may be fixed by the professor, while the pupils can follow any remarks he may think fit to make on the alterations of the pulse during the progress of the disease; they are thus enabled to judge with their eyes, instead of being compelled to depend on the word of the teacher, or the still more uncertain indications derived from a touch not sufficiently exercised to permit individual judgment.

3rd. In a consultation, a measure of the pulse is obtained with the instrument, not depending on individual, and, consequently, varying sensation; but on a fixed principle, of which all may judge in common. Each physician may, in turn, apply the instrument, and assure himself of the correctness or incorrectness of the opinion delivered by his confrere.

4th. In the description of the changes which the circulation undergoes during disease, the language of authors has been unavoidably obscure; this inconvenience will be removed, in great part, by the sphygmometer; the force, rate, regularity, rythm, and many other conditions of the pulse, may be noted, as the time of day is indicated by a watch in different countries, and transmitted in intelligible lan-

guage to all parts of the globe; for, as the instrument is the same everywhere, the measure obtained at St. Petersburgh will be perfectly understood at Paris.

5th. The changes which take place during the course of any disease may be noted down and communicated with precision, and the physician will be able to appreciate with better effect the utility of the therapeutic means which he may have employed, and may continue or modify them at pleasure.

Thus Dr. Herisson has attended several patients subject to frequent attacks of cerebral congestion from an apoplectic disposition; he is in the habit of examining from time to time with the sphygmometer the pulse of those individuals, and as soon as ever he remarks that it exceeds the normal impulse, he immediately practises a bleeding, or applies leeches, &c., as the case may require. After a certain number of experiments, he has ascertained that the loss of a given quantity of blood is sufficient to reduce the pulse to its natural standard, and with this precaution his patients are delivered from all danger of an attack, which, in all probability, would be attended with fatal results.

Having thus indicated in a general manner the advantages of the sphygmometer, let us briefly consider it as means of investigating diseases of the heart.

These affections, according to M. Herisson, though sufficiently common, are more rare than physicians usually represent them to be. The error depends on the extreme variety of sympathetic derangements to which the central organ of the circulation is subject, and which are often mistaken for organic disease. On the contrary, they may continue to exist for a considerable time without any lesion of tissue. However, most who have written upon this branch of medicine affirm, that, next to the lungs, the heart is of all the viscera most frequently attacked by organic disease. The researches of Corvisart, Laennec, Bouillaud, &c., have no doubt thrown great light on the diagnosis of the affections in question, but what advantage do we derive from their labours if they only enable us to determine the existence of disease at a stage where all hope of recovery is lost, and which our art can barely expect to alleviate? With the means of exploration which we have hitherto possessed, it is impossible to distinguish and designate organic disease of the heart before it has arrived at a point beyond the resources of medicine.

The sphygmometer is an instrument calculated to supply this deficiency. By its aid, Dr. Herisson affirms (and we have the authority of competent witnesses for believing his assertions), that the slightest derangement of the circulation may be detected *ab ovo*, and the development of disease either impeded or altogether prevented. Lesions of tissue often present, as a first symptom, nothing but nervous derangements, and without adopting any peculiar doctrine for the explanation of this pathological phenomenon, the author is convinced that most cases of hypertrophy, induration of the valves, vegetations and contraction of the orifices, are indicated in the outset by simple rythmical aberrations of the pulse.

The means at present employed for the investigation of the different organic diseases which may affect the heart are, percussion, auscultation, mensuration, and what are called "the rational symptoms." But all these means are frequently insufficient; besides, a slight examination will show that they do not enable us to determine the existence of an organic disease of the heart at the commencement. Let us expose, briefly, the causes which diminish their value as precise means.

1st. The different sounds produced by the two sides of the heart, are not constantly the same in all healthy individuals.

2nd. The cause of this variety depends upon circumstances which we cannot always appreciate; as a greater or less quantity of fat lining the parietes of the chest; tubercles in the lungs; dilatation of the bronchial tubes, &c.

3rd. Several pathological states of the heart furnish the same sound.

4th. Nervous affections of the heart may present all the symptoms of organic disease which we derive from auscultation and percussion.

5th. Mensuration is only a secondary means, and, besides, applicable only to extreme cases, where the enlargement of the heart has been sufficient to disfigure the chest.

A careful exploration of the pulse is the best means of dissipating the obscurity which surrounds the diagnosis of diseases of the heart, but the touch, which we ordinarily use, does not possess that rigorous exactitude which is to be desired, while, on the other hand, it is insufficient for the appreciation of all the minute changes which the circulation undergoes at the commencement of the disorder. The sphygmometer is, therefore, proposed

as a means by which the slightest deviation in the course of the blood may be ascertained, and the normal state of the circulation compared with the pathological.

Besides this advantage, the instrument possesses that of revealing certain arteria actions which, according to the experience of Dr. Herisson, are characteristic of certain lesions of the heart, e. g.:—

Contraction of the Right Auriculo-ventricular Orifice.

Whatever may be the exact nature of this obstacle, the dark blood arrives with difficulty in the lungs, and we observe the following phenomena; sensation of weight in the epigastric region; oppression; difficult digestion; the movements of the heart are feeble; the pulse is irregular unequal, small, and intermittent; the liver often acquires a considerable size; the superior members become infiltrated, then the inferior, and the patient dies after prolonged sufferings. In the contraction of the right auriculo-ventricular orifice the sphygmometer presents this peculiar and characteristic phenomenon, viz., "the column of mercury does not descend at each pulsation to the point whence it commenced to receive the impulse, or it requires two intervals to reach that point. It is surprised near the middle by an incidental impulsion, which divides into two the time of descent."

Ventriculo-pulmonary Contraction.

Many of the phenomena just enumerated are seen in cases of this contraction, with this difference, that as the ventricle makes more considerable efforts to overcome the obstacle opposed to the passage of the blood into the pulmonary artery, the whole heart is agitated, and gives rise to what are called palpitations,—a violent action, which is by no means in relation with that exhibited by the artery. Thus the pulse is feeble, trembling, &c. The sphygmometric signs are the same as for the preceding disease.

This species of lesion may terminate in two different ways, and give rise to organic lesions, which are merely the consequence of the mechanical cause of the primary affection. If the obstacle be slight, and its development slow, the nutrition of the ventricle increases with its action, and we have hypertrophy of the heart; if, on the contrary, the obstacle have increased rapidly, it causes a true dilatation of the ventricle; the parietes of the latter thin rapidly, and its rupture is inevitable unless the patient be cut off by hydrothorax, &c.

Left Auriculo-ventricular Contraction.

After having enumerated the rational symptoms of this disease, M. Herisson describes the changes which take place in the circulation. The movements of the heart are soft; the pulse is feeble, irregular, intermittent, unequal, and much more so than in contraction of the orifices at the right side of the heart; if the obstacle to the passage of the blood be great, the left ventricle may cease to act altogether until a certain quantity of fluid has entered. In all cases of this affection the arteries are deprived of their usual quantity of blood, and almost empty; this state is clearly demonstrated by the manner in which the column of mercury descends below its level, in the proportion of one, two, or even three degrees, according to the volume of the artery explored, and the importance of the obstacle at the left ventricle.

Ventriculo-aortic Contraction.

This is doubtless the most frequent of all, as is proved by the repeated examples of hypertrophy of the left ventricle. In these cases the oppression is very great, and the anxiety most distressing; the patient is in a constant state of agony; the pulse is generally brusque, but the impulsions are not developed; it is irregular, unequal, intermittent, and gives way every minute; the sphygmometer reveals this vacuity of the arterial system in a very remarkable manner.

Hypertrophy without Contraction of the Orifices.

The symptoms are, strong pulsation of the heart, vertigo, heat of face and head, &c.; the pulse is regular, but unequal, and the sphygmometer gives this peculiar sign, that the column of mercury, after having been elevated by the pulsation of the vessel, say 3° or 4°, mounts suddenly, by intervals, to 8°, 10°, or even 15°. This symptom invariably accompanies simple hypertrophy of the left ventricle.

Having thus given a brief description of the sphygmometer, and the principal affections to which it is applicable, we shall conclude by a resumé of sixty-seven cases of disease of the heart which Dr. Herisson has treated within the last six years; the results of these cases are the more valuable, as in all the author was permitted to make a post-mortem examination, and thus confirm or disprove the exactitude of his instrument as a means of investigating disease of the heart.

Organic Lesions.	Character of the Pulse and Sphygmometric Signs.	Necropsy.	Observations.
Contraction of the orifices at the right side of the heart. 22 cases.	Small, irregular, unequal, intermittent—sometimes imperceptible. The column of mercury does not descend to its *point départ*, or only in two periods. Near the middle of its descent it is acted upon by an incidental impulsion.	Contractions of various kinds; dilatations, more or less advanced, of the ventricle or auricle. In four cases the right ventricle was slightly hypertrophied.	In eight of these patients auscultation furnished only a slight bruissement. In six the bruit cataire was very well marked. Oppression, and an alteration of the countenance, were the only symptoms which indicated the disease. Four patients died of pulmonary apoplexy; the rest in a state of general infiltration.
Contractions on the left side of the heart. 27 cases.	Pulse feeble, irregular, unequal, intermittent. The column of mercury in the sphygmometer descends below its level 1, 2, or 3 degrees, according to the importance of the obstacle.	In 12 cases the heart was simply dilated, not hypertrophied. In 15 there was a commencement of hypertrophy of the left auricle and ventricle.	In these 12 the pulse was extremely feeble; they died of hydrothorax and general anasarca. Of the 15, eight died of hæmoptysis; five of different affections of the lungs, and two of apoplexy; in these 15 cases the pulse was hard, frequent, and brusque, but not at all developed.
Simple hypertrophy of the heart. 18 cases.	Pulse regular, but unequal. It presents this anomaly, that the column of mercury, after having mounted 3 or 4 degrees, ascends suddenly, by intervals, to 8°, 10°, or 15°.	In these 18 cases the autopsy showed a concentric or excentric hypertrophy of the left ventricle, without any contraction of the orifices.	In eight of these cases the stethoscopic symptoms were present, but in all the rest they were too feebly marked to enable the physician to pronounce the existence of organic disease.

We have bestowed considerable space on the description of Dr. Herisson's instrument, because we think highly of the results which it promises to medicine, and because we can speak of its utility from experience. We trust to see it soon in the hands of every physician, and from the spirit of observation which prevails so extensively in the rising generation of practitioners, we venture to predict that "a correct theory of the pulse" will be one of its first fruits—P. H. G.

MALIGNANT CHOLERA.

CASE CURED WITH SALT EMETICS.

To the Editor of The Lancet.

Sir,—I am induced to send you the report of the following case, by way of adding my mite of experience to the many already published cases of the Asiatic cholera which have been treated by the salt emetics. If you think it of sufficient importance to merit a place in your Journal, you will oblige me by its insertion.

Your obedient servant,

Arthur Beetham.

49, Old Broad-street, Sept. 24, 1831.

A. C., æt. 25, a sailor lately returned home from a voyage, and usually enjoying good health, was attacked with cholera on the 21st of September. I was sent for at 11 o'clock, about two hours after he was first taken ill, at which time I found that he had been passing very profusely the rice-water evacuations, the eyes were sunk, skin of a dark leaden colour, and very cold, bedewed with perspiration, cramps excessive, tongue like a piece of dead flesh, could only speak in a whisper, pulse not to be felt, suspension of the secretion of urine; in fact, he was in the collapse stage.

I immediately determined on administering an emetic of salt according to the plan recommended by Mr. Beaman, which produced very violent vomiting for about five minutes. When the sickness had ceased I was very much gratified to hear the man express, in a stronger tone of voice, that he comparatively was free from all pain, and to find that reaction had commenced. This improvement continued for about an hour, when a relapse began to be apparent. I immediately repeated the same medicine with a similar satisfactory result. He now expressed himself perfectly free from all pain, and the violent sickness and purging had entirely ceased. I prescribed *Hyd. Sub.* gr. iv, 4tis horis sumend, and took my leave for the night, leaving directions for them to send to me if he should be worse.

In the morning I visited my patient, and found him perfectly recovered, with the exception of a little exhaustion consequent upon such violent action. Ordered him to leave off all medicine, and to take some beef tea in the course of the day.

23rd. I found him up and in his usual health and spirits.

The above was a case of cholera almost in its worst form, and from my experience of similar cases last year I do not hesitate to say that my conviction is, that had it not been for the salt emetics he would have been a dead man before the morning.

DR. BLUNDELL'S REASONS

FOR HIS

RETIREMENT FROM THE MEDICAL SCHOOL

OF

GUY'S HOSPITAL.

GENTLEMEN,—In coming forward to state the reasons which have compelled me to quit the Obstetric Chair in Guy's Hospital, I feel that I am performing a public duty, from which, however painful, I ought not to shrink.

From my first entrance into the Hospital-school, many considerations have occurred which have occasioned me to hold my connexion there rather loosely; but the immediate cause of my sudden retirement has been an extraordinary act, sanctioned to the extent hereafter explained, by a well-known individual—I mean, Mr. Harrison, the treasurer, whom I have to charge with being a party to an unwarranted use of my name, under circumstances of deliberate assumption and broken engagement, which it has been impossible to overlook.

At the close of last May, three or four copies of my advertisements announcing my Obstetric Lectures in the manner usual with me for years past, were delivered at the Hospital to the person who ordinarily attended to these matters; and he was directed to post them up as on former occasions, I being at the time on the eve of leaving for the continent. By a very extraordinary procedure, however, this form of advertisement was unceremoniously withdrawn, and another form, wearing on the face of it the appearance of being genuine, but introducing another name in conjunction with mine, was, without my authority, substituted in its place. This totally unwarranted substitution of a spurious advertisement, an act in itself intolerable, carried along with it a breach of engagement which I could scarcely have deemed possible, if the proofs which I now bring had not been before me.

On the 2nd of June last, I had a loose preparatory conversation with Mr. Harrison, the individual whom it becomes my unpleasant duty to rebuke, respecting the admission of a gentleman (whom he seemed desirous to patronise) to assist me in the labour of the lectures; and, as we parted afterwards at the door of my study, he asked me, not without a little surprise on my part, whether the name of the individual referred to should be immediately inserted in the forthcoming advertisement. As the matter was of grave importance, amounting indeed to the recognition of a partner in the chair, and as the gentleman proposed was not present at the conference, and had entered into no engagements whatever respecting the terms of his admission, my answer was, as might be expected, "No, NOT YET; on my return from the continent, I will come to an arrangement." This answer met with a complete acquiescence on the part of Mr. Harrison, not a syllable having been breathed in the way of objection; and we parted with customary salutations, each to his particular path for the day.

After reading this statement, it may easily be imagined with what mingled feelings of disgust and astonishment I first learnt, while relaxing a little for the sake of health in the gardens of Paris, that during my absence, and contrary to my injunction—nay, in the very teeth of the engagement contracted in the way here stated—my name, like that of a hired servant, had been used without the least ceremony; a bastard advertisement having been presented to the pupils with all the air of the genuine document.

Although the thing was done within the walls of the Hospital, I at first thought that the treasurer, Mr. Harrison, for some unknown reason, might not be aware of it;

but, by an accident which I may now regard as fortunate, I obtained a written document from the steward of the Hospital, evidently showing that the treasurer was consulted respecting the advertisement. However, notwithstanding this, that there might be no ground whatever for pleading ignorance, I immediately addressed a letter to that individual himself, informing him of the abuse of my name, and reminded him of the engagement into which he had entered only a few days before. The note altogether was so worded as to give him an opportunity of retracting with honour; but the answer was evasive and unsatisfactory, turning upon other matters, and leaving the point at issue entirely untouched.

The breach of engagement involved in this transaction was discreditable enough, and, of course, for ever destroyed all confidence between Mr. Harrison and myself; but, scandalous as it appeared to me, there was another colour in the affair, which, in my eyes, was infinitely more offensive—I mean (what shall I say?—I respect gray hairs, but this conduct must be firmly rebuked—I do say it then) its audacious impertinence. That a Mr. A., or a Mr. B., or a Mr. C., or a Mr. Anybody, who, with or without a board, might regulate the police of a Hospital, would have not only a legal, but a reasonable right, to refuse me, as their tenant, further use of their theatre, I admit; but that any gentleman singly, or a board, or the whole Hospital together, even if I had given no prohibition and received no promise, had a right to trifle with my name—the name of a man standing independently and claiming to be their equal every way in the levels of society, I utterly deny. This course of lectures was in its origin private, and established *extra muros*, before the medical school at the Hospital was in being. It was purchased by my labour; illustrated by my private museum; supplied with practice from my private institution (till the last year or two wholly); and, though usually advertised with the other Hospital lectures, yet, as far as right was concerned, it was advertisable when and where I thought fit. Any deference shown by me to the Hospital, was mere matter, not of right, but of courtesy, and for the general benefit of the school. Indeed, had any marked and deliberate attempt been made at any time, by any servant of the Hospital, to exercise authority over me without previously taking my sentiments respecting it, I should have transferred my lectures elsewhere, and have treated such attempt with the same rebuke and repression as I now do the present piece of impertinence, and its author. If this connexion was considered inconvenient, its nature ought to have been changed by amicable conference, and not by gradual or violent usurpations.

But to proceed: On my return to England, the conduct of the individual whom I have to reprove, must, I conceive, to those who consider what, in European society, is due from gentleman to gentleman, appear too much in keeping with the rest of his proceedings. Personal interviews had of course ceased; but, on seeing a very respectable agent who called to settle some matters of business between us, such was the gentlemanly *sensibility* of the individual whom it is my duty to censure and rebuke, that he seemed to be taken by surprise when it was signified that I would not resume the chair. Redolent and reeking, as it was, with the indignity that stained it, he said the chair was still open, and really seemed to expect that, with the parasitical complaisance of the Greek in the Satire, "laudare paratus," come what might, I could, without sense of dishonour, sit there as before. It is easy to conceive how the head must be inebriated and dizzy with the delicious fumes of self-adulation, when, after all that had preceded, a gentleman could persuade himself that any other gentleman, to whom he stood in such relations as he stood to me, could condescend to act with him any longer. That individual, I tell him distinctly, am not I—and from my general character he ought to have known it. Man was made to be a biped, and not a reptile.

But here, it may be asked, can this conduct be possible? Had this man no permission whatever from you to use your name? None whatever. It was forbidden—he had acquiesced—he was informed of what had been done—he was told that I held him to his engagement:—over me or my name; for any such purpose, he had no more authority than the reader who honours me with the perusal of this statement: yet the advertisement was not only put up, but kept up; and on this spurious advertisement the pupils were suffered to act and enter. This is not the first time that I have had cause to complain; but when there is gradual usurpation, till the procedure reaches a certain point, forbearance may be, now and then, a duty, but, "drop by drop, and the cup runs over at last:" that moment is at length arrived, and I now tell this individual publicly, that I repel this his last unworthy act with a disdain proportioned to the attempted indignity.

But here again, it may be asked, whether the Obstetric Chair in the school have not, after all, been so effectually benefited under the general management, as to give a prominent individual a kind of claim to be petted and indulged a little. To this I reply distinctly, No! What may be the case with the other classes I do not pretend to decide; but whatever its reputation during the last 18 or 19 years, the chair in which I have

had the honour to sit, owes it not to this management, so much as may have been represented; a management under which the two Hospitals have burst asunder; a management under which two rival Schools have been established within sight of our walls. Is this a management calculated to strengthen the hand of the Obstetric teacher? And where did the ground first shake under us? Where did the earth first open? Was it beneath the Obstetric Chair?—The pupil register will show. In my department, if the truth must be spoken, the real fact seems to be, that this much-vaunted management, instead of being a help, has been more or less a hindrance; and, throughout the whole of it, as far as I am able to judge, there have been indications of a sort of arbitrary spirit, the tendency of which must necessarily be, to repel talent, and excite opposition; and, right or wrong, to create an odious suspicion, that just claims are not always duly considered; and that within certain limits, and those pretty extensive, one individual is all powerful to proceed as he pleases; *sic volo, sic jubeo, sit pro ratione voluntas.* All this I state, not with a view of complaining—complaint is not my purpose; my purpose is—developement, reprehension, and firm and sharp rebuke.

And here, to turn for a moment to lighter subjects, I cannot forbear observing with a smile, that, in clear rivalry to my own Institution, my good and cordial supporter established another, under the auspices of the Hospital; not without sundry hints, that it was desirable to put my own under his control. For some time, I heard little of the matter, but one day, being, I suppose, like my friend, the calendar, in "merry pin," he did me the favour to send for my assent, one of the letters, with my own name on the face of it, as one of the supporters of an institution, which, I could not but know, from the general cast of his procedures, was intended to compete with mine; thus really making me in a manner my own rival, and dividing me, after Hotspur's fancy, so that my two parts might "go to buffets." Though not altogether incapable of making my *diagnosis* here, as the cup was not yet full, I gave him a gentle, though surely not uncalled-for, reproof; and told him mildly, not again to put my name upon papers without previously consulting me; at the same time, as the interests of the Hospital might be reasonably pleaded, I acquiesced in the arrangement. His right to establish an institution I do not question; nay, I allow that his diligence might be commendable, though it reminded me not a little of the mine and the sap; and, in my judgment, was calculated, by promoting division, to injure a class which, without his meddlesome interference, was flourishing in full vigour, as its numbers will show. *Divide et impera*,—the clever little measure which brought my name to a rival institution, will be estimated as it deserves, and really carries about it something of the grand air of politics. In sober seriousness, however, it cannot be expected that I should pet this conduct, or that, with foolish and fond admiration, I should become blinded and captivated with such "little winning ways."

But still it may be demanded, whether, to counterbalance these annoyances, the improvements introduced into the general management of the Hospital during the last ten or fifteen years, may not have materially contributed to strengthen my class; and I shall be referred, perhaps, to Clinical Lectures, and other smaller matters. To this I reply, that till the system began, which has necessarily ended in my retiring, none of these accommodations in the Obstetric department were effectually afforded; that I had been labouring hard for fifteen or twenty livelong years, before these things were introduced; that since the adoption of these professed improvements I have not found the numbers of the class increased; and generally, that the apparent assistance given has been so managed, that I have been made to feel it rather as a disguised hostility, than a help; a sort of *inimicitiæ quæ intelligerentur, non dicerentur*, for we also may want our Tacitus. Indeed, I found it extremely difficult to keep alive the zeal so desirable in a lecturer, when I began, from whatever causes, to perceive that, under the Hospital management, a spirit of annoyance was arising, and that, after having fought the battle, not unsuccessfully, *without* the walls of the Hospital, the more brilliant the class, the more liable I was to be assailed with those vexatious inconveniences, which must result from a want of cordial support from *within*. Of the management in my department, "the voice was Jacob's, but the hand was Esau's;" its aspect, like that of the mask in the fable, promised something, but somehow or other there seemed to be a hollowness; a sort of countenance which indicated a want of the true, warm, animating principle.

But, it may be again suggested, were you not incompetent, and has not this sense of your incompetency led to this particular conduct, however indefensible? To this I reply, that my lectures are before the medical public, who will judge for themselves: that it is no more than true to state, that the rival chairs in the neighbourhood, though filled by able men, have repeatedly changed possessors, and that the annual number of entries to my class has for years past fluctuated, in round numbers, between 120 and 150.*

* First Session .. 1819-1820.....157
Second .. 1820-1821.....129
Third .. 1821-1822.....110

Two remarkable depressions there have been, and I think it necessary to notice them. About the time of the commercial panic the class sunk to 105; and afterwards, when another name appeared in connexion with the Obstetric department, from 136 the class imediately fell to 70; and the lectures, notwithstanding the innovation, being left undisturbed in my hands, the numbers in the next session rose to their full average, namely, 141. It would be unfair to draw, from this circumstance, any conclusion unfavourable to any individual, but, in justice to myself, I state these facts, which clearly prove that, in the main, I was deemed no incompetent teacher.

But, still it may be said, "Your health was beginning to fail," and I do not deny that I am a little shaken in the service; that I find my years begin to tell upon me, and that, like the gay poet of old, I am not infrequently reminded of the rapid changes in my hair. Other little matters may also be urged, to all which the high number of the class is a sufficient reply, for, after all, Cocker must decide: and surely all will admit that, after filling the chair, not without some reputation, for so long a period, and becoming the Senior Lecturer at the Hospital; after faithfully adhering, from first to last, to the fortunes of the school, and giving it, not by noise, but action, that degree of support which my register proves to be no empty boast; after passing my best and most vigorous days as an independent, but I trust not unzealous, lecturer within its walls, I ought not to have been subjected to unworthy treatment. At any rate, to refuse me the use of the theatre, was the utmost extent of the lawful power of the managers. Nothing could justify the audacious liberty of using my name, an act expressly forbidden, and after warning to the contrary, the persevering so to do, with as little ceremony as if I had actually been one of the hired servants of the Hospital. That assistance might be desirable if my wing drooped a little I admit, and though I had not introduced the gentleman whom the treasurer thought right to patronise, and though the course was private property, yet, by my actions, I had always shown a disposition to acquiesce in what was reasonable, That the school, too, ought not to suffer interruptions from my occasional ill health this I further allow; but conceding all this, or more, I still maintain, that, considering the general animus towards me, the attempted indignity was utterly insufferable; and surely, in the minds of impartial men, it can tell little to the honour of the individual who had the wrong feeling to attempt it; not to mention that it looks ill also for his treatment of others, who have thought that they had a right to complain.

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Fifth	..	1823-1824.....	134
Sixth	..	1824-1825.....	128
Seventh	..	1825-1826.....	141
Eighth	..	1826-1827.....	105 Panic.
Ninth	..	1827-1828.....	156
Tenth	..	1828-1829.....	155
Eleventh	..	1829-1830.....	128
Twelfth	..	1830-1831.....	136
Thirteenth	..	1831-1832.....	70
Fourteenth	..	1832-1833.....	141
†Fifteenth	..	1833-1834.....	120

† Summer Course not included.

But it may now be inquired, what could be the motive for this conduct? "Cui bono?" who is the gainer? To this it may be difficult to reply; but I cannot forbear adding that the result of the whole transaction is this; that, in effect, the Treasurer has the patronage of appointing my successor, and that, whatever claim I may still have in the eyes of just and honourable men, taking into account that my museum is removed, I leave the chair with an annual class of one hundred and forty pupils, without obtaining one single drachma of compensation. The individual, who, apparently without difficulty, could be a party to a proceeding which in their issue have inflicted this injury upon me, found, it seems, on proper application being made, that he could not be party to the reparation. This however is quite an inferior matter.

And now, in the close, I appeal to my friends, whether I have not had sufficient reasons for the course I have taken? Whether *pro tanto* I should not have degraded, not only myself, but the body of Physicians and the University to which I have the honour to belong, if I had not made a stand, and repelled these indignities? Something must be allowed for the spirit of the times. If this were an age in which the medical men were holding themselves above their proper station in society; if this were a country in which the pride of the purse were unknown; if the golden calf had now no adorers, and those who bow with reverence before the clay-foot image with front of brass, had all perished on the plains of Dura, there would be less necessity to resist: but if, whether for good or for ill, a somewhat-different spirit have the ascendancy, I do think that the medical graduates have a right to expect that those who belong to their body, will not, with oriental servility, lay themselves down in the dust, and humbly stretch out their necks to be trodden upon by the servants of a Hospital, or wealthy wholesale dealers in—whatever be the commodity. For, after all, here, I suspect, is the real root of the evil. Unlike our English Universities, these Hospital Schools are governed by men, who were not originally intended for this important office, and who, of consequence, from defects in their early education, are seldom adequately prepared

for discharging so responsible a trust. In taking leave of this great establishment, I cannot forbear adding, that it is not without much regret that I part from my pupils, and cease to be the colleague of many excellent friends whom I highly esteem; and, in the spirit of the Venetian, when banished from his native city, I do not forget that the Hospital has been to me a sort of Alma Mater, and on taking my departure, I would yet say to it, *Esto perpetua!* May it long continue to flourish!

I have the honour to be,
Gentlemen,
Your faithful servant,
JAMES BLUNDELL.

Great George-street, Westminster,
Sept. 20, 1834.

CASES OF STONE TREATED BY

LITHOTRIPSY.

With a Comparison of the Merits of Lithotomy and Lithotrity.

Communicated by EDGAR ASHE SPILSBURY, *Esq., Surgeon, Walsall.*

Case 1.—Richard Hardin, bordering on eighty years of age, had been fifteen years afflicted with stone, when his sufferings determined him to seek relief in lithotrity. Accordingly, on Wednesday, Aug. the 16th, assisted by my friends, Mr. Holland, surgeon, of Cannock, and Mr. Dehane, Surgeon, of Wolverhampton, the bladder was injected for that operation, and the percussor introduced. The stone was readily grasped, and the scale of the instrument indicated its diameter to be full one inch and a half. Owing to its compactness, it was not until after twenty minutes forcible hammering that disintegration was effected; but the vice and percussor being completely adjusted, no pain was experienced by the patient from this violent part of the operation.

Up to the Sunday following, not any unfavourable symptoms were apparent, but many pulverized portions, and pieces of the size of a split pea, had been voided with the urine. On that evening a shivering fit set in, and on the following day, Monday, at twelve o'clock, a coated tongue and an unfavourable pulse left no hope of the patient's life.

The bladder was again injected, when many pieces of an inch and five lines in size were broken up. Symptoms of exhaustion being apparent, the patient was put to bed, and at six oclock a.m., on the following morning, he expired.

The injection of the bladder is painful, and occasionally the bladder contracts upon the percussor, with spasm.

Mr. Holland conducted the post-mortem examination, and thus writes: "By strenuous exertions I gained permission to examine the bladder; the walls were thickened to the eighth of an inch,—internally much corrugated; there was not the slightest vestige of inflammation or abrasion of the internal coat, but just above the pubes, between the coats of the bladder, was an ecchymosed patch of the size of a shilling. Within lay about two drachms of pulverized phosphatic calculus, innumerable pieces of the size of a split pea, and three portions of the size of a small marble. The kidneys were not examined."

Such was the result of a case by no means fitted for lithotrity. The size of the stone, and the sinking state of the patient, from long disease, forbade it; but I must say that it was an operation unattended by severe pain.

Case 2.—For the account of the following successful case I am indebted to E. F. Dehane, Esq., surgeon, who has thus detailed the previous state of the patient and the operation, in a letter written at my suggestion for publication.

"Wolverhampton, Sept. 8, 1834.

"William Corns, æt. 56, a healthy labourer, employed by James Hallier, Esq., Barnehurst Estate, near Wolverhampton, became my patient in the month of June; his complaint consisted in a difficulty of passing his urine, with frequent retention. When distended, the bladder was highly sensitive, and relief was gained by the use of the catheter. Suspecting the existence of calculus, I sounded him, and proved its presence. I considered this a fit case for lithotrity, and mentioned my opinion to my friend Mr. Spilsbury, of Walsall, who had recently made use of Baron Heurteloup's instruments and apparatus upon a patient in his neighbourhood. On my solicitation he saw the case, and agreed in opinion as to its eligibility and fitness for the Baron's process.

"On Wednesday, the 20th of August, Mr. Spilsbury, assisted by Mr. Holland, Mr. Coleman, and myself, proceeded with the operation. The patient having been sounded, and the stone felt, he was placed on the Baron's bed, and the bladder was injected. The percussor was then easily and gently passed into the bladder, and the stone immediately seized. The graduated scale of the instrument gave nearly six spaces, showing the correctness of the opinion that it was a small stone, consisting, as was afterwards proved, of lithic acid. The vice was now firmly fixed,

the percussor adjusted to it, and five moderate taps were given with the hammer, which crushed the stone, and the operation was finished in a few minutes. Our patient then expressed his intention of going to the harvest field, but he was of course put to bed, and kept there.

"The bladder was washed out, when some particles came away, and in a few days many fragments passed with the urine. He has now resumed his employment, being quite recovered, and free from any inconvenience.

"It may be observed, that this operation was unattended with any pain, except that arising from the injection of the bladder. The patient was not sensible of any increase of pain on the crushing.

"ED. FRED. DEHANE, M.R.C.S."

Remarks.—Having within the last six years performed the operation of lithotomy thirteen times, and one case only of them being unsuccessful (an encysted stone being removed), owing to an abscess having burst among the bowels, from the kidney, on the third day, when the patient suddenly sunk, my experience entitles me to a hearing on the comparative merits of the two operations. The great evil of lithotomy is the imperfect restoration of the apparatus of the bladder; for let the case be as successful as it will, there most frequently is a defect in that organ, an occasional dribbling. This does not depend on the healing of the external incision in ten days, or five weeks,—on a small opening being made into the bladder, or an extended one; neither on much or little violence being exerted in the extraction, or whether the gorget or the knife, or the straight, the grooved, or the curved staff is used.*

If the opening be made very low down in the membranous part under the pubes, the upper part is left whole, as it ought to be; still in all these cases we do not make the valvular apparatus quite perfect, except in the horizontal position in bed, where the bladder is perfectly retentive. It is the hanging down of the penis that favours the jet, and this would suggest its being kept with the glands confined upwards. With children, however, it would be impossible to enforce this.

Do away with this evil, and lithotomy will not yield to lithotrity, except in the early formation of stone. In such a case as that of "William Corns," it is a beautiful adaptation of mechanism to surgery, its success triumphant; and if stone were never suffered to get large, the application of lithotrity would render lithotomy an unnecessary operation.

Walsall, Sept. 14, 1834.

* I came to the conclusion how desirable it was to open the urethra very low down, from the external wound readily healing. The inquiry arose from observing some cases healing in ten days, while others were protracted to five weeks. In some cases the bladder was retentive in three days, and the natural passage restored. Then again, how much violence the perineum will suffer, and yet get well, whilst the upper part of the urethra, from slight causes, occasions great constitutional disturbance! In a conversation with Mr. B. Cooper on this subject, he agreed in opinion with me, and referred me to his opinions thereon as stated in his work.

EXTERNAL EMPLOYMENT OF PITCH IN LEPRA VULGARIS.

To the Editor of THE LANCET.

SIR,—The review of a work in your last Number (page 909), which recommends the internal and external employment of pitch in the lepra vulgaris, has induced me to relate briefly the two following cases, which are strikingly illustrative of its efficacy when employed externally in that frequently intractable affection. I am, Sir, your obedient servant,

R. HUTCHINSON, M.D.

Nottingham, Sept. 18th, 1834.

Case 1.—Mary Barton, æt. 48, unmarried, of Newark, in this county, was admitted into the General Hospital, March 19th, 1833. She has been affected for the last four years with an eruption upon the extremities and body, for which numerous remedies have been ineffectually tried; she has been three times under the complete influence of mercury without benefit. The arms, legs, and trunk, are now nearly covered by a scaly eruption, of the distinct character of lepra vulgaris; the scales in many parts are very thick and hard, the fissures between them deep, and discharging an irritating ichor; she complains of no pain, but a disagreeable tingling sensation; the eruption occupies every part of the legs and arms, with the exception of the palms of the hands, soles of the feet, and flexures of the joints, and no portion of the whole trunk retains its natural colour. The young woman's health is good, her face florid, and complexion light.

She was first ordered a vapour-bath to soften the scales; to continue in bed afterwards, in order that the *ung. picis* might be applied over the whole eruption, to remain there, and to repeat the application every night and morning. Aperients and slightly alterative pills to be taken every

night, and some lac sulphur and supertartrate of potash in the morning, occasionally, to keep the bowels regular; to have a vegetable and milk diet.

March 23. The scales are entirely removed; the usual redness of the skin remains, but the leprous character is quite gone. Contin. remed.

My reports from this day to the 23rd of April state, that the natural colour of the skin gradually returned, when she was discharged quite free from any complaint.

Case 2.—G. Starkey, æt. 19, shoemaker, admitted August 4th of the present year. For the last five weeks an eruption has been gradually spreading from the extremities to the trunk; at the present time it occupies nearly the whole body; the arms are swollen, and the scales so thick as to interfere materially with their functions; the fissures on the backs of the hands particularly deep, with an inflammatory appearance, and somewhat tender to the touch; has much tingling pain in the parts; has occassional slight rigors, with uneasiness at the stomach; the pulse is rather full, and the bowels are regular. The eruption has the true character of lepra vulgaris. Ordered VS. ad ℥viij, vapour-bath, aperient pills at night, *Decoct. Sarsæ, co.* to take during the day; to remain in bed, and apply extensively and freely the *ung. picis* upon the whole eruption.

Aug. 8. The scales fallen off, the usual discoloration of the skin is seen; bowels confined. Contin. remed. Capt. *Pulv. Purg.*, mane 2nde quaque.

10. Much improved; feels in health well.

28. Discharged quite well.

Remarks.—These two cases may be taken as fair specimens of two stages of lepra, which may be called the acute and the chronic. In the second case the acute or inflammatory stage was clearly evident, and the disease would not, I believe, have been so speedily removed, unless depletion had been had recourse to. In the first, which I would call the chronic, on account of the absence of pain or tenderness, and from its long duration, mercurialization had invariably aggravated the eruption, and no application had entirely removed it, until the tar was tried. Although lepra has great tendency to recur, I have not heard that it has done so in this case. In the second case, sufficient time has not elapsed to ascertain if the cure be permanent. In both, the beneficial results of the application of the *ung. picis* were extremely gratifying and strikingly evident. Perhaps, something may be attributed to the necessary remedies employed,—to the bleeding and the purging in the second case, to the alteratives in the first; but in a disease so constitutional as I believe lepra to be, no one could be justified in neglecting the employment of remedies calculated to improve that state of the digestive organs which most probably is the proximate cause of its existence, acting upon a constitutional and probably hereditary predisposition.

VAGINAL CÆSAREAN OPERATION,

WITH OTHER CASES, OCCURRING IN THE PRACTICE OF

MARTIN A. EVANS, M.D., *Galway.*

About three months ago I was called to see Mrs. O'Maley, æt. 27, residing about five miles from this place. She had been then nearly forty-eight hours in labour, and on examination I found that scarcely any portion was perceptible which might be termed the os uteri. There was a general round mass—the uterus, enveloping the child's head, presenting itself in the upper part of the vagina; and it was only after a protracted search that I could discover a slight depression, the size of which scarcely equalled the diameter of a very small split pea.

The midwife was confounded, having never met with such a case before, and she informed the woman's friends that no hope remained, save that of cutting into the uterus through the abdomen, and thus extracting the child. A vague belief of recoveries effected in this way prevails pretty generally in this district. To execute this purpose I was sent for. The patient herself was a woman of strong nerve and frame, and unceasingly insisted on my commencing the operation, her pains being extremely severe. However, notwithstanding her entreaties, and those of her friends, I postponed any operation for twelve hours, and until I had given a fair trial to nature, having, during that interval, bled her, and found everything unavailing. The pains, which at the early part of my visit were so powerful, now began to flag; her pulse became hurried and weaker, and there was no alteration whatever in the state of the os uteri.

Under these circumstances I commenced the operation, by introducing the index-finger of the left hand, and fixing it at the small aperture. I then passed, with my right hand, Sir A. Cooper's hernia knife, and, using the index-finger as a director, divided the os uteri in various directions, each cut being about an inch in length. There was not much hemorrhage; the

uterus immediately receded from the head, which, large and disproportionate to the diameter of the pelvis, presented itself. I then waited for half an hour, and no natural pains occurring, I tried, but ineffectually, to pass the forceps. This reduced me to the necessity of having recourse to *cephalotomie*.

The child (a male) lived for about 20 hours after the skull was completely evacuated of brain, and was regularly baptized the day after its birth. It appeared perfectly sensible of the changes of temperature when cold water was poured on it, as evinced by its cries. I am not aware of any case in which an acephalous, or I should rather say, brainless child, has lived so long.

My patient walked to chapel in three weeks after, and is now one of the healthiest of women.

I should add that twelve months previously, I delivered the same person of a dead child by means of the forceps.

The following brief extracts from my note-book may be considered to possess some points of interest:—

New Method of reducing Luxations of the Humerus.—Several months since I read a report in The Lancet of a new method of treating dislocations of the humerus, suggested by a pupil at the *Hotel Dieu*, and immediately adopted by Baron Dupuytren, who, possessing a liberal and docile mind, is ever ready to test the innovations of his juniors. I feel very happy in being able to add my testimony in favour of this plan, which can be carried into effect with great ease both to patient and practitioner. A single individual extended the arm *perpendicularly upwards*, whilst with my thumb I easily pushed the head of the bone into its place. It is necessary to add that the accident was recent, but the patient was strong and muscular.

Contagiousness of Sycosis menti.—There are at present four agricultural labourers affected with this disease under my care. Whether it has been conveyed from one to the other I will not take upon myself to assert, but will merely state the attendant circumstances, leaving the reader to decide whether there is a *probability* or not of the existence of contagion in this instance.* The individuals reside in houses immediately contiguous to each other, employ the same razor in shaving, as is the custom in many rural districts, and have been successively attacked by the disease. All are now improving under the usual treatment.

Descent of Testicle Mistaken for Inguinal Hernia.—Twelve months ago a child, aged one year, was brought to me supposed to be labouring under inguinal hernia. A colourless solid tumour presented itself at the external ring, and it was bandaged in order to prevent the further descent of the suspected hernia. On examining the scrotum I found that it only contained one testicle, and of course concluded that the tumour was the other, in progress to its destination, from which it had been unusually retarded. It is unnecessary for me to add how injuriously the pressure for hernia, if continued, would have operated in this case.

Fatal Result of Amputation of the Thigh.—Martin Conolly, æt. 45, whilst assisting in turning some large beams of timber, had his leg, up to the knee, crushed by the falling of one of them. After several days urgent solicitation he at length consented to have the member amputated, which was done, in the usual manner, by circular incision, without any professional assistance, this being unobtainable. As soon as the limb was removed, he said he felt better and stronger than at the commencement of the operation, but in a few moments he became faint, gradually weaker, and died, without having lost *four ounces of blood* during the entire process. He had been a strong man, but was *fearful of consequences*, the only cause to which I can attribute his sudden dissolution.

Case of Mutism.—A young man, named John King, whilst returning from a fair on a warm day, suddenly became deprived of the power of articulation. His father brought him to the Dispensary for advice; I proposed bleeding, fearing which he absconded, but in a few weeks recovered spontaneously.

Clifden Dispensary, County Galway,
September 17th, 1834.

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* The peasantry here seem to look on several forms of Psoriasis as contagious, and, really, from the multiplicity of cases in which I see it, when attacking one member of a family regularly, and successively seizing several others, I am almost disposed to agree with them.

MALIGNANT CHOLERA.

TRIAL OF VARIOUS REMEDIES.—RECOMMENDATION OF CHLORINE.

To the Editor of THE LANCET.

SIR,—Having been a reader of THE LANCET from its earliest date, I have of course seen various methods of treating the cholera proposed in that work. Some of them I have tried. The result of my experience in that disease I have briefly set forth in the accompanying lines, which perhaps you may consider worthy of insertion. I am, yours, &c.,

J. G. LANSDOWN.

Bristol, Sept. 16, 1834.

Having been professionally connected for some years with the out-parish of St. Philip and Jacob, immediately adjoining the city of Bristol, and containing a poor population of 10,000, I had, particularly during the autumn of 1832, a great many cases of cholera under my care. At the commencement I tried *submuriate of mercury* with *opium*. Some cases thus treated died, whilst others had consecutive fever. I then tried *bleeding*. In one morning I bled six persons, five of whom were dead in a few hours; the other recovered. When the *cold water* was recommended I also tried that, but with sorry results. *Salt and water* I saw given without any success.

Finding that my patients who had taken *opium* were so bad with subsequent fever, I had recourse to the *submuriate alone*, and where the cases were favourable for the exhibition of medicine, I flattered myself I was tolerably successful. Most of my aged and infantile patients, when called to them in a state of complete collapse, as also those of intemperate habits, died. My treatment was, for an adult, ℈j of submuriate every hour. I sometimes gave ʒss as a first dose. In every instance I particularly cautioned them against taking anything to drink until I allowed them to do so, as fluid of all kinds increased the vomiting, and that I considered increased the collapse. The immediate effect of the calomel was to check the vomiting and purging, the latter so as almost to produce constipation. Subsequent treatment of course varied according to symptoms,—castor oil, rhubarb and magnesia, or such mild aperients; but if the constipation was obstinate, I gave a drop of croton oil. If any had fever, I gave them a few doses of quinine, treating it as arising from debility, and it usually had the desired effect. In one instance, to a young girl aged 16, I gave as much as 760 *grains of calomel in less than three days*, and ʒj more was taken during the fourth; this, as in all severe cases, was not followed by any salivation. In a fortnight from the day on which she was first attacked I saw her in the street, on a cold rainy day, without bonnet or cap, or any covering on her neck, and up to this time she continues in good health.

Such was my treatment during the year 1832, but some slight cases in which I got my patients salivated during the early part of September 1833, induced me to look for another remedy. It was then that the idea occurred to me that as it could not be the purgative property of the calomel which produced the benefit, its remedial efficacy must depend on something else. I then thought of the *chlorine* which it contained, upon which I determined to try the chlorine with another base. I thought of the common salt, but that had failed. I then turned my attention to the *muriate of ammonia*, of which I gave ℈j every hour, in a little thick gruel, recommending, as before, abstinence from all drink. This medicine has had the same effect as the calomel; it has caused the vomiting to cease, stopped the purging, and restored the circulation, together with the natural heat of the body.

As regards *common salt*, I have not the slightest hesitation in saying that if the patient were to take a given quantity of it in a little gruel instead of the same quantity in a pint, or even in half a pint, of water, it would allay the bad symptoms almost immediately, and I have no doubt that the reason why the same remedy has been so varied in its effects in different hands, is merely owing to the quantity of fluid which has contained the doses of the salt. Where success has followed very copious dilution (which I know has been tried by many), I attribute that success to the emetic being so persevered in that the patient, though vomiting almost incessantly, has, nevertheless, retained a certain portion of the chlorine of the salt.

I have been induced to write the foregoing, from a clear conviction that it is the chlorine alone which produces the good effects in the three remedies named; and I trust that should any of my professional brethren have made a similar observation, they will not delay communicating it, as it is only by publishing the results of experience that any sure mode of combating so formidable an opponent can be discovered.

MALIGNANT CHOLERA.

CALOMEL PREFERRED TO SALT.

To the Editor of THE LANCET.

SIR,—By referring to the volumes of THE LANCET for 1832-33, it will be seen that I tried the salt emetic plan in the stage of collapse with very injurious consequences, increasing the purging and vomiting, and hastening death.

Now if a medical man says he has cured diarrhœa and vomiting, arising from any indigestible substance in the intestinal canal, with common salt, I can readily believe him, but I am incredulous as to its effects in the collapse of cholera.

I understand, from good authority, that there are eight cases now lying dead in one house in Little St. Pancras Street, Tottenham Court Road, all of which, I learn from inquiries which I have made, were treated on the salt-emetic plan; but as I should be sorry to exaggerate (my object being to ascertain facts), perhaps the enlightened physician who attended them will state candidly and exactly the plan of treatment he pursued. Let the salt-emetic advocates publish the unsuccessful cases. I know a parochial surgeon who has tried it in 14 cases, out of which number 11 died.

I have had several patients in the stage of collapse and have as yet only lost one, and he was in articulo mortis when I first saw him. I continue myself to use large doses of calomel, with mercurial friction all over the body and extremities, giving iced soda water as a beverage, *ad libitum*. Many of my medical friends have said to me, "If absorption takes place so slowly, what is the use of administering such large doses of calomel?" My reason is this, that I found small doses in pill generally rejected with the other contents of the stomach, but my large doses in powder were kept down by their own weight; for, even in my unsuccessful cases, I always found after death all the calomel in the stomach, however violent the vomiting had been; and even if nature herself, without benefiting by the calomel, produced reaction, as some assert she does, the calomel has speedily passed off by the bowels without producing injurious effects, as in the case of a girl only thirteen years of age, wherein I administered nearly three ounces, besides employing friction, and who is still living, and hearty. I am, Sir, your obedient servant,

HENRY BIRD,
Late Surgeon to the St. Pancras Cholera Hospital.

15, Southampton Terrace, Kentish Town.
September 15th, 1834.

PHYSIOLOGY AND TREATMENT OF ASPHYXIA IN INFANTS.—A correspondent wishes us to make public the following remarks:—The non-respiration of children just born, must result from the fact of the placenta having ceased to impart the necessary quality to the fœtal blood for too long a time before the commencement of the vicarious function of the young creature's lungs;—or from the injury sustained by the brain and nervous system during parturition, upon the healthy condition of which, respiration is materially dependent, as is evinced in the laboured manner in which that function is performed in apoplexy, and after a large dose of opium,—the first effect of which drug is undoubtedly upon the vessels of the brain, inducing a state of coma, from cerebral *plethora*, and afterwards, as a consequence of this pressure, causing stertorous breathing. A third cause of asphyxia may perhaps be a species of torpor and indisposition on the part of the lungs to take on the respiratory process, the placenta having exercised its function up to the period of expulsion, and the child not having sustained any mechanical injury from pressure, &c. With respect to treatment, it must be obvious that if the placenta have ceased to act for any considerable length of time before birth, all attempts at resuscitation must be fruitless. The condition of the fœtus is the same as that of a drowned man, being cut off from the influence of an agent so essential in the changes wrought upon the blood, the atmospheric air, in one case, and *some peculiarity in the structure of the placenta* in the other; in fact, the fœtus dies "poisoned in its own blood." If, however, the interval between the cessation of the function of the placenta and birth is but short, we may reasonably hope that by artificial inflation of the lungs we may communicate to the blood that property which is necessary to the separate existence of the infant, and that when this is fully established it may be continued without extraneous aid. The stimulus of heat also may be of material benefit, in keeping up that temperature of the body which is requisite for preserving the "nervous energy" necessary to susceptibility on the part of the system. If pressure on the brain is the cause of the asphyxia, our expectations may be less sanguine; for the mechanical injury may be such as cannot be recovered from, even if respiration were established. But even here the attempt should be made. My objections to some lately published suggestions on this subject are, that the author of those suggestions condemns inflation as injurious, and liable to produce "severe bronchitis"

if the child survive. I should imagine that this practice is, at any rate, as innocent as that which he mentions, of "tickling the nostrils and *fauces* with a feather dipped in *spirits*," certainly rather a *stimulating* application to the mucous membrane of a newly-born infant. He also censures the use of the warm-bath, from some hypothetical views of its "excluding the atmospheric air;" and advises heat to be applied "by holding the infant before a fire upon a person's lap," thus subjecting it to the risk of being roasted by the uncertain heat on one side, and benumbed by currents of cool air on the other; whereas the warm-bath affords a uniform temperature.

TIC DOULOUREUX.—MOXA IMITATED WITH THE CIGAR.—(*Abstract from a Lecture by Mr. Dermott.*)—Tic douloureux results from a morbid irritability of the nerves, and I believe its immediate seat to be generally in the portio dura, which you know is a nerve of respiratory motion in the face. This statement is somewhat at variance with common opinion, but the following facts seem to favour my belief: 1st. The pains generally dart in the directions of the filaments of the portio dura, branching from the ear forwards, and engaging the side of the forehead and the region of the temple. 2nd. In connexion with this disease, you will often find the stomach considerably, and perhaps habitually, deranged in function, indicated by fetid eructations, considerable secretion of wind, and flatulency. This sympathy between the portio dura in the face and the deranged stomach (which is supplied with respiratory nerves, and is, by them, associated in action with the respiratory organs) is established through the medium of the respiratory system of nerves on the par vaga which supply the stomach. The lungs are often sympathetically affected, and these are partially supplied by the par vaga. A decided and nice distinction must be made between the morbid irritability or condition of a nerve constituting tic douloureux, and common subacute or chronic inflammation, or rheumatism of a nerve. In the latter affections the pain does not come on in such sudden paroxysms, nor are there such intervals of perfect ease, as in the former, although, it is true, the two are often combined, or the chronic inflammation may, especially in a depraved habit, slide into tic douloureux. Irritation or inflammation existing in the maxillary nerves of sensation (fifth pair), and produced by a carious tooth, or any similar evil, is often the cause of this diseased action in the portio dura. Amongst other exciting causes are frequent and sudden movements of the jaw, as in much speaking. In very nervous individuals, the mere thought of the paroxysm will bring it on. If you consult the close locality between the cervix of the lower jaw and the portio dura (as seen in this dissection), you will at once perceive why violent motion of the jaw may, by acting as a mechanical local stimulus, bring on an attack of the disease. Observe the close proximity of the two after the portio dura has emerged from the foramen stylo-mastoideum, as it is crossing the bifurcation of the external carotid, and as it divides into leading branches—buried deeply in the parotid gland. My plan of applying the moxa in the *local* treatment of this disease is to light a cigar, and, when well lit, to apply the lighted and bright end for one moment against the skin, just over the emergence of the portio dura, from the foramen stylo-mastoideum, and anterior to the concha. (One or two such momenta[illegible] applications will produce a strong [illegible]facient effect—perhaps in the cou[illegible] short time a very slight blister v[illegible] but the pain of such a slight [illegible] to be compared with that of [illegible]reux, and the most sensitiv[illegible] readily submit to the operati[illegible] has once experienced the r[illegible] produces. I often, previous[illegible] smear the end of a linen ra[illegible] croton oil, and rub it on the [illegible]rior to the concha; indeed, t[illegible] combined with opium, and used [illegible]brocation, often relieves the pai[illegible] croton oil takes time to produce its [illegible] which the moxa does not. In seve[illegible] tacks, however, the previous external [illegible] of a little croton oil very desirably increases the cutaneous inflammation. Should a morbid and painful sensibility exist in the supra-orbital nerve, then apply the cigar near the supra-orbital foramen; or if in the inferior maxillary nerve, apply it over the anterior mental maxillary foramen—or if in the infra-orbital nerve, over the inferior orbital foramen. This mode of applying the moxa is very easy, and can generally be had recourse to at a short notice. It is, however, only a palliative remedy. In all cases of tic douloureux, study both the general and particular symptoms.

THERE is a child now at Palermo, three years old, who is 4½ feet (French measure) in height, well formed, and vigorous. Discoveries of great interest in pathology are professed to have been made on an examination of him by the physicians of Palermo.

THE LANCET.

London, Saturday, Sept. 27, 1834.

THERE are shown in a museum at Paris the fossil remains of two fishes, one of them in the act of devouring the other; and it is supposed that the revolution of nature to which we are indebted for these petrified curiosities, occurred just as the depredator had seized and was swallowing his prey.

For this interesting instance of the immutability of instinct, there is a striking parallel,—of a moral kind, however,—pointed out to the notice of the visitors at [illegible]LANEUM, or POMPEII, we forget [illegible]nsists of the figure of a human [illegible]on the threshold of a tem- [illegible]ld clutched fast between [illegible]umstances of the relic [illegible] of the place, who was [illegible]servation of life and [illegible]t the moment when [illegible] of Mount Vesuvius [illegible]ream, and enveloped [illegible]mbrace.

[illegible]on of these significant [illegible]imal appetite and the crimi- [illegible]s of man, were vividly revived by the proceedings of the College of Surgeons in Ireland a few days back. Had some such catastrophe befallen this institution on that occasion, the future investigator of its calamitous remains would be enabled to decipher in its ruins the analogous vices and follies of that faction which has converted the establishment into something meaner and more worthless than the heathen temples which were the scenes of the juggling of pagan priests. In the ancient records of a distant day, he could not fail to read that the hierarchy of the temple of science in Stephen's Green were as criminally consistent in their vocation in eighteen hundred and thirty-four, as were their seeming prototypes in the days of TITUS or VESPASIAN; and that while the warning tokens of impending destruction were yet glaring in their eyes, they only clung with greater tenacity to those pernicious practices and policies which involved them in one common ruin. But we must explain.

The division of the College into what has been preposterously called "licentiates" and "members," was one of those features in its economy, against which we constantly protested in the pages of this journal. We well knew the motives from which it was instituted; its impropriety in a scientific body the first principles of which proclaimed equality of education and parity of privilege; and that sooner or later it would lead to discontent and dissension similar to those which were once witnessed in the Roman theatre, when the Knights were separated from the Commons by the influence of the tribune OTHO, whose aristocratic predilections were at once ridiculed and immortalized by the pen of JUVENAL in the line—"Sic libitum vano, qui nos distinxit Othoni."

By the original by-law of the College relating to this subject, a majority of affirmative votes, taken by ballot, converted a candidate for admission, into a member of the institution. At a subsequent period this by-law was, by a strange oversight on the part of Mr. TAGART, so altered, that on one-third of the votes being given against the candidate, he was rejected.

The obvious result of this impolitic change in the law, and which we denounced at the time in no very measured terms, was the increased facility which it gave to the school conspirators in the College and in Park-street, to destroy the character of all obnoxious candidates, and to exclude them from their rights in the profession. Several victims of this kind were actually immolated under the dark and baneful

if the child survive. I should imagine that this practice is, at any rate, as innocent as that which he mentions, of "tickling the nostrils and *fauces* with a feather dipped in *spirits*," certainly rather a *stimulating* application to the mucous membrane of a newly-born infant. He also censures the use of the warm-bath, from some hypothetical views of its "excluding the atmospheric air;" and advises heat to be applied "by holding the infant before a fire upon a person's lap," thus subjecting it to the risk of being roasted by the uncertain heat on one side, and benumbed by currents of cool air on the other; whereas the warm-bath affords a uniform temperature.

TIC DOULOUREUX.—MOXA IMITATED WITH THE CIGAR.—(*Abstract from a Lecture by Mr. Dermott.*)—The douloureux results from a morbid irritability of the nerves, and I believe its immediate seat to be generally in the portio dura, which you know is a nerve of respiratory motion in the face. This statement is somewhat at variance with common opinion, but the following facts seem to favour my belief: 1st. The pains generally dart in the directions of the filaments of the portio dura, branching from the ear forwards, and engaging the side of the forehead and the region of the temple. 2nd. In connexion with this disease, you will often find the stomach considerably, and perhaps habitually, deranged in function, indicated by fetid eructations, considerable secretion of wind, and flatulency. This sympathy between the portio dura in the face and the deranged stomach (which is supplied with respiratory nerves, and is, by them, associated in action with the respiratory organs) is established through the medium of the respiratory system of nerves on the par vaga which supply the stomach. The lungs are often sympathetically affected, and these are partially supplied by the par vaga. A decided and nice distinction must be made between the morbid irritability or condition of a nerve constituting tic douloureux, and common subacute or chronic inflammation, or rheumatism of a nerve. In the latter affections the pain does not come on in such sudden paroxysms, nor are there such intervals of perfect ease, as in the former, although, it is true, the two are often combined, or the chronic inflammation may, especially in a depraved habit, slide into tic douloureux. Irritation or inflammation existing in the maxillary nerves of sensation (fifth pair), and produced by a carious tooth, or any similar evil, is often the cause of this diseased action in the portio dura. Amongst other exciting causes are frequent and sudden movements of the jaw, as in much speaking. In very nervous individuals, the mere thought of the paroxysm will bring it on. If you consult the close locality between the cervix of the lower jaw and the portio dura (as seen in this dissection), you will at once perceive why violent motion of the jaw may, by acting as a mechanical local stimulus, bring on an attack of the disease. Observe the close proximity of the two after the portio dura has emerged from the foramen stylo-mastoideum, as it is crossing the bifurcation of the external carotid, and as it divides into leading branches—buried deeply in the parotid gland. My plan of applying the moxa in the *local* treatment of this disease is to light a cigar, and, when well lit, to apply the lighted and bright end for one moment against the skin, just over the emergence of the portio dura, from the foramen stylo-mastoideum, and anterior to the concha. One or two such momentary applications will produce a strong rubefacient effect—perhaps in the course of a short time a very slight blister will arise; but the pain of such a slight burn is not to be compared with that of tic douloureux, and the most sensitive lady will readily submit to the operation, when she has once experienced the relief which it produces. I often, previously to using it, smear the end of a linen rag with a little croton oil, and rub it on the cheek anterior to the concha; indeed, this alone, or combined with opium, and used as an embrocation, often relieves the pain, but the croton oil takes time to produce its effects, which the moxa does not. In severe attacks, however, the previous external use of a little croton oil very desirably increases the cutaneous inflammation. Should a morbid and painful sensibility exist in the supra-orbital nerve, then apply the cigar near the supra-orbital foramen; or if in the inferior maxillary nerve, apply it over the anterior mental maxillary foramen—or if in the infra-orbital nerve, over the inferior orbital foramen. This mode of applying the moxa is very easy, and can generally be had recourse to at a short notice. It is, however, only a palliative remedy. In all cases of tic douloureux, study both the general and particular symptoms.

THERE is a child now at Palermo, three years old, who is 4½ feet (French measure) in height, well formed, and vigorous. Discoveries of great interest in pathology are professed to have been made on an examination of him by the physicians of Palermo.

THE LANCET.

London, Saturday, Sept. 27, 1834.

THERE are shown in a museum at Paris the fossil remains of two fishes, one of them in the act of devouring the other; and it is supposed that the revolution of nature to which we are indebted for these petrified curiosities, occurred just as the depredator had seized and was swallowing his prey.

For this interesting instance of the immutability of instinct, there is a striking parallel,—of a moral kind, however,—pointed out to the notice of the visitors at HERCULANEUM, or POMPEII, we forget which. It consists of the figure of a human being, standing on the threshold of a temple, with a bag of gold clutched fast between its hands. The circumstances of the relic denote it to be a priest of the place, who was struggling for the preservation of life and his fraudulent gains, at the moment when the molten contents of Mount Vesuvius rolled down in a stream, and enveloped him in their fiery embrace.

Our recollection of these significant symbols of animal appetite and the criminal habits of man, were vividly revived by the proceedings of the College of Surgeons in Ireland a few days back. Had some such catastrophe befallen this institution on that occasion, the future investigator of its calamitous remains would be enabled to decipher in its ruins the analogous vices and follies of that faction which has converted the establishment into something meaner and more worthless than the heathen temples which were the scenes of the juggling of pagan priests. In the ancient records of a distant day, he could not fail to read that the hierarchy of the temple of science in Stephen's Green were as criminally consistent in their vocation in eighteen hundred and thirty-four, as were their seeming prototypes in the days of TITUS or VESPASIAN; and that while the warning tokens of impending destruction were yet glaring in their eyes, they only clung with greater tenacity to those pernicious practices and policies which involved them in one common ruin. But we must explain.

The division of the College into what has been preposterously called "licentiates" and "members," was one of those features in its economy, against which we constantly protested in the pages of this journal. We well knew the motives from which it was instituted; its impropriety in a scientific body the first principles of which proclaimed equality of education and parity of privilege; and that sooner or later it would lead to discontent and dissension similar to those which were once witnessed in the Roman theatre, when the Knights were separated from the Commons by the influence of the tribune OTHO, whose aristocratic predilections were at once ridiculed and immortalized by the pen of JUVENAL in the line—"Sic libitum vano, qui nos distinxit Othoni."

By the original by-law of the College relating to this subject, a majority of affirmative votes, taken by ballot, converted a candidate for admission, into a member of the institution. At a subsequent period this by-law was, by a strange oversight on the part of Mr. TAGART, so altered, that on one-third of the votes being given against the candidate, he was rejected.

The obvious result of this impolitic change in the law, and which we denounced at the time in no very measured terms, was the increased facility which it gave to the school conspirators in the College and in Park-street, to destroy the character of all obnoxious candidates, and to exclude them from their rights in the profession. Several victims of this kind were actually immolated under the dark and baneful

sanction of this inquisitorial law, while it was well known that several others were openly threatened, and marked out for future sacrifice.

In order to mitigate, in some degree, the evils of this sanguinary enactment, or, rather, to blunt the edge of the dagger by which these moral assassinations were committed, Mr. Ellis, in May last, gave notice of a motion to substitute the word "majority" for "one-third," in the by-law, and thus at least reduce it to its primitive capabilities of doing mischief. But nothing short of the integrity of the blade would suffice these executioners under an unnecessary and unjust law.

By a series of special meetings (in which the discussion of all questions not specifically named in the summonses on these occasions is excluded), got up and organized by the Secretary and his party for this express purpose, the consideration of Mr. Ellis's motion was warded off to the quarterly meeting of the College, which took place a few days since, and to which we have already alluded. Much entreaty had been employed to induce him to withdraw the notice of his motion; but he very properly persevered in bringing the subject before the College, and taking the sense of the body on the question.

In a speech of some length, he attempted to comment on the impolicy of the law as it stood; the abuses to which it had been subjected; and the danger which might accrue to the very existence of the corporation from its continuance on their books. But his efforts were vain; the vile instrument was too dear and too valuable an article of corporate accommodation to be given up. The faction hugged it to their bosoms, and, as usual, the speaker had to sit down amidst their concerted and repeated interruptions and vociferations, among which the frantic treble of *ex-premier* Jacob might be heard high above the rest.

Dr. Small, whose readiness as a debater has already earned him the enmity of this party, also attempted to address the meeting, but was virulently assailed for the application of the term *clique* to the junto. His aggressor, Dr. Evanson, ought to have recollected himself before he made a parade of his new suit of aristocratic livery, and reflected on the chances of fortune by which it was procured. His original obscurity, if not his judgment and good taste, should have kept him silent. He is not the proper man to make a monopoly of respectability, and put forward its assumption as a serious answer to the advocacy of truth and justice. We tear the mask from such imposture, and return the humbleness of the object which it covered, as the only appropriate reply to such impertinence.

In the course of the proceedings Mr. Tagart made a few observations, which were in perfect accordance with the occasion, and his character for integrity. He avowed and regretted the mistake into which he had fallen with respect to the alteration in the law; and concluded by observing, that, at the time, he did not conceive it would ever be abused by any society of gentlemen. We are now, indeed, convinced of the purity of his intentions on that occasion, and regret that the exercise of a duty which leaves us no alternative but the fearless denunciation of outrages on science and the profession, should have ever cost him, or any other honest man, one moment of painful feeling. The business of the day was at length brought to a termination by the question of adjournment being moved by Mr. Porter, which was carried, on a division, by a majority of five,—a result which excites in us many reflections, and on which we must offer a few observations.

We have frequently remarked, and have as often censured, the absence of the li-

beral and independent members of the College, on occasions of this kind. Had only one-half of them, indeed, been present on this day, the event would have secured the College records against the infliction of a dark stain. But the moral obligations and individual interests of members of the College in attending and voting at its meetings, have been so ably stated in a letter signed by one of that body, which we lately published, that we need not dwell further on the apathy and imprudence of their conduct. One good, however, has, in some measure, resulted from their absence,—the complete and indisputable identification of the persons concerned in the blackballing conspiracies.

There can be no longer any doubt of the individuals by whom this detestable system was organized and carried into execution; the disguise has been at length thrown aside, and we are happy to be able to publish their names and occupations. From our list of them it will be seen, that to the baseness of abusing a bad law, they add the meanness of duplicity; and that under the mask of friendship, they frequently stab the reputation of those young men whom they pretend to patronize. Thus we find at the head of this memorable division the name of the Secretary of the College and of the Professor of Surgery in Park-street School; yet Mr. CUSACK, who holds both those offices, was the proposer of Dr. MURPHY, and it may now, we conceive, be legitimately inferred from Mr. CUSACK's open advocacy of this system, that his proposal of Dr. MURPHY was but a signal for that gentleman's exclusion from the rights and privileges of the College! Here, too, we find the name of Mr. MACNAMARA, a professor of Materia Medica in the College School. Honest Mr. MACNAMARA was the faithful friend and proposer of Mr. BYRNE, another dupe and victim of kind patrons and sweet promises! On the same side appears the name of Mr. PORTER (in its proper place no doubt), another professor of surgery in Park-street. Mr. PORTER was the *seconder* of Mr. NUNN, the particulars of whose exclusion from admission to the College we recently placed on record before the medical profession. And, though last not least, here too we recognise Mr. COLLES, professor of surgery in the College, with his colleague, Mr. WILMOT, both supporting by their presence and their votes the preservation of this infamous system,—for the more certain verification, we presume, of the denunciations against the terrified Mr. MADDEN, who, thinking prudence the better half of valour, withdrew his name sooner than subject it to the fearful contingencies of the ballot-box. It was on that occasion that this old man, whose heart appears to be gradually undergoing the process of ossification, rose from his seat, and with clenched fist and trembling voice told the College "to remember the insult" implied in the unworthy timidity of this otherwise unoffending young man! Along with those whose names we have mentioned, also ranked Messrs. JACOB, BEATTY, and HART, whom philosophy would seem to have befooled for the amusement of her votaries, and to guard them against the vice of an affected acquaintance with her mysteries, as the Spartans sometimes made their slaves drunk to warn their children against intoxication.

The number and nature of the circumstances we have indicated as bearing on our proposition,—that these were the persons, aided by a long list of obscure dependants, who, like the fatal daughters of NOX and EREBUS, spun, coloured, and cut the thread of every candidate's reputation in the College, swell into a Sorites—expand into an argument cumulative of irresistible evidence. The principals and miserable subordinates in this vile system

stand revealed. It will be perceived that the leading persons in the conclave belong, to a man, to the schools of the College and Park-street; and the medical students of Great Britain and Ireland, whom they would injure, have it in their power to convey to these men a sense of the indignities offered to them, in a manner in which alone it can be felt. In withholding their patronage from these persons, no student will sustain a loss, their capabilities as teachers being, in most instances, on a par with their feelings as men.

To those Licentiates of the College whose characters have yet to sustain the blighting ordeal of the ballot, we presume the facts we have brought to light will act as a timely warning. By this exposition they must see that the men for whose favour and friendship but too many of them have sacrificed their independence, are the persons by whom they are to be betrayed. Away then with all ideas of conciliating individuals whose principles are those of treachery—whose patronage is persecution—whose power of doing mischief is conferred on them by those who solicit their protection.

On the medical profession of Ireland, of whatever grade, rank, or College, let not these statements be lost. A time will soon arrive—sooner than they expect—when they will have an opportunity of arresting the torrent of insults in the shape of collegiate legislation, and the practical oppressions heaped on them by this junto,—when the humblest of them, regenerated by the plastic powers of reform, and invested with new rights and privileges, will exercise an individual quota of control in the government, appointments, and general economy, of the profession to which they belong. Will these be the men,—the long and bitter enemies of the profession—will these be the persons who, under a representative system of governing the medical profession, will be selected as the organs of medical opinions in Ireland? We need not speculate on the result; it admits of no conjecture; the enfranchised profession of Ireland will, under an appropriate direction, discharge their duties as men who have long felt the evils of such governers as at present hold the reins of power.

To suffer the present order of things to continue is impossible. The men who are capable of the deeds we have recorded must be set aside. Their acts have disqualified them for every office in which decency or discretion is required. Every effort has been made, every influence has been exerted, publicly and privately, to preserve the body whose functions they have usurped, and whose powers they have perverted. But to no purpose. They will relinquish their usurpations and the abuses of authority only with their corporate existence. They are scarcely returned from that tribunal before which they were told, in the language of honest indignation, that their conspiracies to destroy the character of young men, and to exclude them from the rights of their profession, might be punished with the utmost rigour of the law, when they stand up and bid defiance to the Legislature itself. Yes, even while the Parliamentary press is putting on record those very deeds which would justify the erasure of the corporation from the list of existing institutions,—these men rise and contend for the perpetuity of one of the most preposterous and prolific instruments of abuse ever wielded by a corporate body!

The inquirers of a future age into the vices and abuses of this institution will find its latest functionaries amid the ruin which came upon them, in the attitude of the priest of Herculaneum, with the darling gold fast clutched between their hands; or, like the fossil fish in the Paris museum, in the very act of preying on their fellows!

New Surgical Saw.—The exhibition of M. Hinde's chain-saw at the Paris hospitals has stimulated the inventive faculties of several other surgeons. M. Leguillon, a surgeon attached to the Marine, has invented a circular, or, as he calls it, a "rowel saw," the idea of which, we understand, has been taken from an instrument now being manufactured by Charriere, under the direction of Dr. A. Thomson. However this may be, the "rowel saw" is composed, 1st, of a circular dentated steel disk, like the rowel of a spur, which is put into movement by different wheels furnished with cogs. 2nd. A moveable steel-bar to be fixed on the bone about to be cut, which steadies the saw. 3rd. A case which encloses the works, and defends them from the blood, &c. This saw, according to the author, may be employed for the division of the inferior maxillary bone, and various others where the ordinary saw is with difficulty worked.

Urinary Syphon.—We have also seen a very ingenious and simple syphon for drawing off the urine, &c., invented by M. Sawyer, a young American. The apparatus consists of two tubes and a vase; one is a gum-elastic tube, several feet long; near the middle of this is fixed another small tube, less than the moiety of the large one, and of inferior diameter; it is mounted on a cork, which is fitted to the vase containing water. The fluid in the vase tends to pass through the small tube into the inferior half of the greater one, whenever the latter is on a lower level. Let us suppose the superior half of the great tube attached to a catheter, and introduced into the bladder,—the vase placed on a chair by the patient's bed-side, and the other extremity of the tube hanging into a basin, &c. A current is established by suction along the smaller tube and from the vase. As soon as the current reaches the inferior moiety of the great tube, a vacuum is established in the part which has been passed into the bladder, and the urine runs out to the last drop. The suction is so strong, that we have seen the tube take up a single drop of water from the chimney-piece of the author's apartment.—P. G.

Practical Hints on the Treatment of several Diseases. By John Peacock, M. D., Darlington. London, Baldwin and Co., 1834. 8vo. pp. 77.

Thus does straightforward nature sometimes put to shame the contrivances of cunning art:—

"**Tumour.**—A post captain of the navy consulted me for a tumour which had grown upon the blade-bone of the left shoulder, and covered the whole of the bone. It was of the adipose sarcoma species, and was apparently about two inches deep, but gave no trouble in handling it. He had made several efforts to get rid of it before he came to me. I advised him to get two light wooden hammers made, just heavy enough each to crack a walnut, and to set his servant to work to hammer the tumour with both hands during two or three hours every day. His servant, who had seen the calkers in the king's dock-yards at work, set about it with great spirit, and contrived, in pummelling his master, to do it exactly in calking tune; however, he roused the absorbents to such a degree that in a little time the tumour had vanished."—p. 76.

Medicine may occupy a century in vain efforts to perfect the treatment of some disease, an example of which is suddenly cured by accident or common sense.

Dr. Peacock is as odd as an author as he is successful as a practitioner. He thus entitles, relates, and treats, the last case referred to in his volume.

"**Horns.**—A shoemaker, in the village of Manfield, near Darlington, a strong man, about fifty, applied to me for relief from a complaint which he called horns, which were excrescences, very nearly resembling cockspurs, adhering to the skin in all the most muscular parts of his body, and *only* in these parts. They were all erect, and completely imbedded in the skin in the broadest end; the base had a fleshy or cartilaginous feel, which ran up to a sharp horny point, resembling nothing so closely as the spur of a cock. They were mostly about an inch in length, some of them exceeded it. I had seen nothing of the kind before; but as the man pressed me much to try something with him, I gave him some powders with *hydrarg. et antimon.* combined, which soon began to affect his mouth, and in a very few days the whole of the excrescences rolled off, leaving at the base a small cup, which gradually filled up. He had no return of them during his life."—p. 76.

The foregoing extracts afford a fair sample of Dr. Peacock's "Practical Hints." The Doctor, who is we believe a most estimable gentleman, and an excellent working physician, did us the honour some short time since, to offer us the manuscript of his cases for publication in The Lancet; but ere we could reply, from an

examination of them, in the affirmative, the temptations of being both editor and author prevailed with him, and we are now employed in "reviewing" instead of publishing "those discoveries which a "long, arduous, and uninfluenced practice "has allowed him to call his own." We heartily recommend his little work to the countenance of "his fellow labourers in "the vineyard in which he has so anxiously "toiled," and here give it also the benefit of a sentence of praise which it received from Dr. Elliotson at the time that Dr. Peacock was anxious that his cases and reflections should become part and parcel of this journal: "The practice is sound, and the cases are highly interesting."

We are sorry to find that this week we have not room for farther extracts from the work.

THIRD LETTER

TO THE

MEMBERS OF THE COLLEGE OF SURGEONS IN IRELAND.

GENTLEMEN,—I am well aware that these desultory effusions, imperfect and hastily thrown off as they are, amid a press of other engagements, are quite unworthy the eminent body to whom they are addressed, a body of course comprehending the most enlightened of our citizens, the most accomplished in literature and general science.

Perhaps they are less called for, now, that we perceive by a recent number of THE LANCET that the philosophic mind, the indignant but tempered feeling, and the eloquent pen, worthy instrument of both, of an ERINENSIS,—are engaged in advocacy of the same high and generous cause, a cause that well deserves such an advocate, and that sheds congenial lustre on that talented and accomplished personage.

But while the general principle and the supreme command are safely committed to persons of his caliber, there are minor details and subaltern duties in the great warfare of mind, opinion, science, and general policy, against ignorance, prejudice, bigotry, and selfish monopoly, that now engages, happily in bloodless strife, so large a portion of mankind—a strife where the world forms the arena, and the different degrees of human mind and human knowledge are the combatants; a staff of which ours is but a single, though not uninteresting feature;—these offices, humble almost to meanness, are least in our College, require no less to be fulfilled; no glory can attend, but much utility may depend, on their performance.

Leaving, then, with this apology, those higher functions to nobler hands, I resume my humble march, and shall pursue my not useless line of duty, till superseded by some abler campaigner, when I shall gladly retire to the peaceful seclusion, that is more suited to my capacity and more congenial to my taste.

At the meetings of the College and elsewhere your ears have been frequently dinned with a long string of words, the chief burden of which is, "the College," "the case of the College," "the friends, the enemies, the destroyers of the College," &c. &c. Has it ever occurred to you to consider what may be the real meaning of these expressions, and what the object for which, and with which, they are thus frequently, vehemently, and vulgarly enunciated.

If you reflect a few moments, the *object* will be evident enough; it is simply this, to stifle discussion and arrest judgment, by exciting feeling and alarming prejudice; they give out this watchword of war, this absurd cry of "The church is in danger," they sound the tocsin of party, they hang out the standard of faction, all to engage your college *patriotism*, as it were, in their favour, and against *their* enemies but not your enemies: this junto go so far as basely and wickedly to impute motives which they know in their hearts to have no foundation whatever to the liberal party, the actual majority of the College!

Were this the result of mere mental blindness and prejudice, we might pity, if not despise, the source of such antipated ignorance;—but, no: it is not; here reason and duty must check our good-nature; it is the monstrous offspring of falsehood and malice got upon selfish interest. If we may not hate, we must expose and condemn such mean sophistry, such vulgar policy. It is an act of policy of which the old law, "Give a dog a bad name, &c.," is the chief maxim,—a policy well worthy the head, heart, and tongue, which dictates, feels, and utters it. They know thus much of history, they possess this much of observation—that a few false or unmeaning words have embroiled whole countries in confusion, and even all the complicated horrors of civil war; they have observed that often a single word thrown out with cunning malice to an excited and ignorant mob, or even to a nation, in dark and ignorant ages, has divided parties, broken up forces, and turned the unsteady and wavering crowd against learning, probity, worth, and even their own interests;—and with this last miserable dying hope they dare address themselves to you in the vein alluded to. Profound, observing, and learned legislators, your policy shall surely have its due reward!

But the liberals are not to be judged by the words of their enemies, men full of prejudice, of dark and narrow minds, swayed by interest, convicted of corrupt policy, destitute of probity. For the last twelve months there has been more combating than for a long time before, and what have been their measures? Chiefly two; first, that in reference to the Parliamentary Committee; that the funds of the College should not be prostituted in the cause of falsehood, or the suppression of truth, in advocacy of but a single factious interest; that the College should not be falsely represented as a body unanimous in support of present abuses; that the whole truth and nothing but the truth (in the latter, however, they failed) should be told; that general interests should be regarded; and instead of a single deformed feature of our "case," that the whole of our manifold and complicated history should be declared. Secondly, they have been honestly and nobly endeavouring to wipe out, even at this eleventh hour, that disgraceful stain which stigmatizes not only the character of the College, and brings the tide of public opinion and indignation against it, but involves in one common disgust and disrepute, the character, honour, and feeling, of every one of its members; and to wrench from a base, dishonest, and heartless faction the horrid tool of their dastard and hellish machination.

These are strong terms, but can any words be too strong to mark our indignant abhorrence of a set of

men who, under cover of the ballot, have the moral hardihood, worse than that of assassins, to band together in foul conspiracy, in order to wound the dearest feeling of a brother's bosom, to murder his reputation, and professional character, and send him forth to the world as a miserable, desolate, branded CAIN in medicine. And for what? To gratify malice, to hold in the teeth of public opinion, justice, and honour, their illegal, undeserved, paltry pelf; or show their hatred of superior worth in science, probity, or independent judgment.

In this noble and animating course, the liberals have been strenuously resisted by all the means of active cunning, faction, and intrigue, but in vain; they, or rather *you*, have gloriously triumphed in the one, as you will, without doubt, shortly do in the other.

But, in the name of wonder, what object or motive could the liberals have in the work of degradation, anarchy, or destruction? Are they not as nearly and dearly (I except private emoluments of course) united to the College as any other set of members? Must they not be as anxious for the maintenance of its character? Do they not feel that it involves their own? Do they not know that if legitimately managed in the proper spirit of a national institution, and not perverted, grossly perverted, as a means of private gain, malice, and monopoly, it might, nay, it must be the splendid instrument of incalculable benefit to science, the interests of our profession, and the public at large? Are they not aware that any alteration, but the work of regeneration, wrought on broad public principles and consistent with the spirit of the times, must redound only to their own injury and loss of character? Are they not gentlemen, men of honour, probity, and science!—to say the least, never convicted of corporation, much less private immorality — But I shall not insult your judgment further. It is but "a weak invention of the enemy."

But I am informed that at a recent debate, when the junto were hard-beleaguered in the fortress and strong hold of corruption, one of the *Tail*, a man more remarkable for the development of his organ of the feeling of self-esteem than for any of the higher intellectual faculties, was delivered of an *argument* in the way of an appeal to your tender mercies, entreating you to forbear,—that you must be in error, seeing that all that was *respectable* in the profession was marshalled on his side against you.

This is a bold assertion, and affords a just criterion of the honour, candour, discrimination, judgment, and taste of the party from whom it comes. It is presumptuous, arrogant, and false. That gentleman should be reminded that assertion is not argument; men may be astonished but not convinced by it. He should be told that conceit is not learning, that presumption confers no dignity; that that cause must be weak indeed, which can only be defended by an appeal to a misplaced feeling of modesty, and this, too, founded on a false statement of facts; that that system of logic, the only one in use by the junto, is very imperfect and out of all date, that treats de argumento ad verecundiam; it should have lived in other times. He should be informed that to exalt and develop the powers of the mind, give maturity to the judgment, and authority to the individuals, so as to justify the promulgation of maxim or aphorism, something more is requisite than the *purchase* of a Glasgow degree, even at the expense of 25*l*. He should be reminded too (though we challenge the strictest scrutiny on the score of respectability and numbers too of those that attend our meetings) of the many accomplished and generous spirits, his superiors in everything that confers real respectability, dignity, and worth, that have retired in disgust from a combat, where, whether vanquished or victorious, they could scarcely escape the circumambient pollution.

But did this doctor of *respectability*, this learned joint of the Tail, treat you to a definition of his favourite term? *Respectability* is of various kinds; a man may be respectable in his private capacity when he neither robs nor kills, when he pays his debts and preserves an outward decency; then there is a *respectable* mediocrity of professional knowledge, manner, &c. With these and such-like we have nothing to do. These they may or may not possess. But is the head and tail of this Junto *respectable* in their corporation capacity? Let their acts, measures, bearing, sentiments, language, speak for them. Is it respectable to pervert a great public institution, capable of immense public advantage, into a mere engine of private gain and private malice? Is it respectable to pocket public money in order to forward private ends, under the false pretence of defraying, advocating, and defending what is only public in name? Is it respectable to neglect, nay sacrifice, the general interests, in order to enhance the fortunes of a few? Is it respectable to make and break, as the case may be, laws and regulations to forward these selfish ends? Is it respectable to hold out delusive hopes which they know can never be fulfilled, as bribes for support? Is it respectable to keep in vassalage and unthinking thraldom the foolish self-injuring instruments of a scandalous and murderous conspiracy? Is it respectable, instead of extending peace, amity, and friendship in the profession, of which they possess so great means and opportunities, to sow jealousy and excite divisions, to malign individuals, impute false motives, pervert facts, put forward false representations, and all to forward their own selfish ends? Is it respectable to practise all sorts of delusion, and trick, and cunning, in order to deceive the public, and cover their real selfish objects? Was it respectable, under the false pretence of growing liberality, by a long line of dextrous intrigue and cunning artifice, to foist the new charter on the College, and thus by a manœuvre, worthy a Machiavel, permanently fix on it their monopolizing school, that miserable excrescence, the only object of their care, the puny fruit of their greatest capability, to which everything is sacrificed, because it is the dishonest mint of their counterfeit coinage?

Are their sentiments respectable? Is the language in which they are clothed respectable? Take as a sample those of the willing instrument of all their dirty work whose name I shall not dignify by recording it: nothing is so mean, low, or vulgar, that does not find ready conception in his soul, willing and adequate expression from his lips; he is not only insensible to all that is refined, elevated, or noble, but exults in his native filth, as the swine rejoices to wallow in congenial mire. Respectable! If these, and many others which I have not time to enumerate, be respectable, then indeed may we all rejoice that it is all marshalled on the side of the Junto and Tail; *pares cum paribus, &c.* So far from being respectable, even in the convenient garb of corporation capacity, I cannot perceive the narrow limits that divide them from private immorality; nor is it easy to imagine that without predisposition in that quarter, that respectability could attain such refulgent brightness.

I should not have dwelt so long on this, were not the same false and presumptuous doctrine attempted to be preached out of doors. I shall consider the *meaning* of their favourite terms in my next.

I am, Gentlemen,
Your friend and faithful servant,
A MEMBER OF THE DUBLIN COLLEGE.

CHRIST'S HOSPITAL.

REMARKS ON THE LETTER OF MR. FIELD.

To the Editor of THE LANCET.

SIR, — The venerable apothecary of Christ's Hospital has taken up the defence of his friend Dr. Roberts quite unnecessarily. The Doctor may say with truth, "God preserve me from my friends." Mr. Field's conscience will not allow him to correspond with you. He prefers the

Medical Gazette. May I conclude from this circumstance that that journal supports the exclusive principles so predominant in the institution?

He says, "I begin with that glaring and illiberal construction put upon the resignation of Dr. R., which the writer states to have been in consequence of the appointment of a Special Committee." Notice of the motion, I have ascertained, was given at a Court held in March, was brought on and carried at a Court held at the end of April, and the Committee was named at the following Court in June, on which day Dr. Roberts's resignation was announced! The treasurer could not have known of it before the April Court, or he would never have concealed it. By so doing it gave undue advantage to the selected candidate. I certainly saw letters from Dr. Hue to governors, before I knew that the office was vacant. Mr. Field says, "Dr. R. had given some weeks previous notice to the treasurer of his intention."

Mr. Field then goes on to state that Dr. R.'s place is no sinecure, "as besides the eighteen boys registered in the physicians' book (which he can prove ought to have been twenty-six, of whom fourteen died)," the physician "was to visit, when called upon, all the officers and servants belonging to the hospital, in number somewhere about 150 persons." Rather a large number, it will be deemed, to manage 700 boys. It is supposed the figure *one* must be an error of the press. I should like to know how many of the fifty the venerable apothecary is called upon to visit. *Certes* not many. From what I can learn, none of the upper grades, who can afford to pay for advice, ever seek it gratuitously; for however skilful Mr. F. may have been half a century ago (and that I have still to learn), he is not one who has advanced with the march of intellect; he, like some other venerable characters, both in law and physic, is just where he was fifty years ago, and will be found '*marking* time' while others are marching at '*quick* time.'

I see you have had the report of the Special Committee and also Mr. Plumbe's pamphlet sent you. It will be found by them, that the surgeon and the apothecary maintain, that diet has nothing to do with cutaneous diseases. How far that may be consistent with truth and common sense I leave you to expose, and how far it is delicate in those gentlemen to place the governors in the position of being obliged to declare them unfit to preside over the health of 700 boys. But how could they belie their own practice, having gone on so many years without altering the diet?

Permit me also to ask you, whether the five eminent men about whom so much parade is made, who were called in about five years ago, really understood cutaneous diseases — Drs. Babington and Roberts, Messrs. Brodie, Lawrence, and Lloyd? Three were called in to sit on judgment on two of their brethren. As was expected, they recommended nothing new,—declaring that "under present circumstances no improvement could be suggested," adding, when speaking of diet, "they do not think any change is necessary, but there can be *no objection*, if it can be accomplished without inconvenience, to add a *portion* of vegetables to the dinner on the days meat is allowed!" But even this gentle hint was never acted upon. Five years have gone on, and meat is served up with vegetables *only about sixty-four days in the year*. The great, the radical, evil is this; there is but one ruling power, and every one is afraid of him. He is courted, fawned upon, and flattered, by some, for their own private ends—feared by all. Not one would have the courage to speak of an abuse, or suggest an improvement. Even among the almoners there are not above two or three men of sound liberal principles, and they are out-voted in committee, as the governors hitherto have been in the courts. And this has been the only real use of a large body of almoners, for it is thought that not above a dozen ever interfere, unless summoned to ensure a majority at a court.

Mr. Field then proceeds to say—this is the pith of his letter—"I am satisfied that an impartial public will be of opinion that the venerable apothecary in his 80th year has not been deficient in his care and attention to the sick boys, although he may not be equal in professional qualifications to the talented resident general practitioner, whoever he shall be, by whom the special committee may intend to supplant him." The answer to that is simply this—had the venerable apothecary *been a talented general practitioner*, the surgeon never would have been called in. Had the treasurer done his duty, the venerable apothecary and the surgeon also would have been superseded long ago, as disqualified for their offices—the former from neglect of duty, the latter for incompetency to cure the ringworm.

There appeared in the *Times*, not long since, a very sensible letter from a surgeon of Twickenham, which was miserably answered by "A. Z., of Christ's Hospital." If the "Alpha and Omega" of the Institution indicates the *ruling power*, it is a

very applicable signature. The suggestion of the surgeon, of placing the diseased boys "in an airy situation near town," was recommended by Mr. Wilkinson about four years ago, to whom the treasurer was advised by the almoners to apply, requesting his opinion as to the best and most efficacious mode of curing ringworm. But this, and many other offers of advice and suggestions, were never attended to, because the treasurer had such confidence in his medical adviser. I could fill sheets on the absurdity of *A. Z.'s* statements, but feel I have already encroached too much on the pages of your valuable Journal. I am, sir, your obedient servant,

A GOVERNOR.

London, September 16th, 1834.

ST. BARTHOLOMEW'S HOSPITAL.

LITHOTRIPSY.

This operation has lately been successfully performed at the above hospital by Mr. LLOYD, without any previous practice, we understand, on the dead subject. He experienced but very little difficulty in seizing the stone at the first attempt; and after two or three introductions of the instruments, the patient was discharged cured. The operation, which seemed at first to be one of considerable difficulty requiring great skill and manual dexterity, is now becoming more generally adopted; and at last it obtains some favour in our hospitals.

Two cases in which it was performed in the practice of a surgeon at Walsall, are recorded at page 32 of our present Number.

SYPHILIS.

Lazarus Ward contains several interesting cases, in which the disease has made great progress in its destructive career. The sanative influence of *mercury* in this disease is beautifully evidenced by a case in this ward, where the entire prepuce was in a state of phagedenic ulceration. By means of the *cinnabar fumigation*, and the internal use of *blue pill*, healthy cicatrices were formed, and the man was apparently progressing towards recovery. A small ulcer, however, again formed, which, by spreading, has destroyed a portion of the dorsum penis, and the superior part of the glans. On having recourse again to mercury, the sore has begun to assume a more favourable appearance.

A new *Dead-house* is in process of erection at this hospital. It will be of a very convenient form for containing spectators, who may witness examinations in it in large numbers,—where there is not some object for conducting them in secret. We have not yet heard that any person has been appointed to superintend the pathological inspections, though without such an arrangement it is not to be expected that this department of anatomical science, so essential in the education of medical students, will be conducted with regularity. The greatest discontent has hitherto been expressed by the pupils of the hospital at the neglect which has distinguished this department of inquiry.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The following occurrence will show that the Examiners of the College of Surgeons are not so lenient as they used to be, and that the late parliamentary investigation, combined with your unwearied exertions, have at length made an inroad upon the system of favouritism which has existed so long in the examinations at that institution.

At a recent examination, an apprentice of one of the senior Surgeons of the London Hospital, during six years, and an apprentice of the College also, whose education has cost upwards of a thousand pounds, was rejected by the Court. This, as far as I am able to learn, is the only instance of the rejection of an Hospital apprentice, as the examination of these gentlemen has heretofore been looked upon as a mere form. To use their own phrase, they "go in first, and walk through." I have the honour to be, sir, your obedient servant,

JAMES ROLPH, Surg.

Bethnal Green Road, Sept. 23, 1834.

*** The pupil to whom Mr. Rolph refers, paid five hundred guineas as an apprentice fee to Mr. John Scott, Surgeon of the London Hospital, and after the term of the indentures had expired he resided two years, respectively, with the demonstrators of the London Hospital Medical School, having paid a hundred guineas each year to the demonstrators. For four years he has regularly dissected a part of the subject for the anatomical lectures delivered at the hospital, and he went up for examination with the full approbation of the medical gentlemen around him. Yet this gentleman was unable, we have heard, to reply with correctness to the questions put to him on any branch of his profession. The examiners could not for very shame let him "walk through."—ED. L.

To the Editor,—Sir, In your Journal of Aug. 23rd, Mr. Shepherd replies to my letter by accusing me of having made his forceps badly, and gives that as a reason for taking it to Mr. Weiss. But, Sir, had this been the case, would Mr. Shepherd have made me a present of two sovereigns as a compensation for what he called the unfair transfer of it to Mr. Weiss? which I can prove he did, telling me at the same time that Mr. Weiss had offered him a sum of money for the privilege of manufacturing it. I am, Sir, but an humble tradesman with a young family, and nothing but my honest industry and good workmanship to support them, and I appeal to your sense of justice whether it was not enough to take the forceps from me, without charging me with bad workmanship? Although I may not be able to purchase as much steel as Mr. Weiss, I am, thank God, able to procure it of the best quality, and he can do no more. By inserting the above, you will add another to the many proofs of your determination to do justice to all honest men, be they rich or be they poor. I am, Sir, your very obedient servant,

JOHN ADAM PAUL.

13, Upper St. Martin's Lane,
Sept. 15, 1834.

CHOLERA.—Mr. Mart, of Frith Street, Soho, in some remarks on late communications respecting the cholera, objects to the position that the existence of moisture over the body four or five hours after single-grain doses of calomel have been given every ten minutes, is a proof of the favourable operation of that medicine, and observes that in numerous cases of collapse which have occurred under his care in St. Anne's parish, the whole body was "covered with moisture, so that the skin presented a sodden feel." He also mentions a case in which recovery from collapse took place where nothing but cold water had been taken, and draws a conclusion, accordingly, against arguments in favour of particular remedies which have appeared to be successful. Increase of temperature around the body he especially advocates.

A Member of the Westminster Medical Society complains that the officers of the Society are annually elected without regard to the services they have rendered by their attendance during the previous session. He hopes that, in the forthcoming elections, the members will proceed on a better principle than has hitherto guided many of them. Some other complaints which he has made we do not think well founded.

PLATES OF ANATOMY.—We take this opportunity of strongly recommending every student who is desirous of promoting his studies, or assisting his memory, by reference to drawings of parts of the body, to put himself in possession of Professor Quain's "Plates of Anatomy" publishing in parts by Taylor, and Mr. Cumming's "Ossa Humana," publishing in parts by Sustenance. They are admirable works for medical students.

WE are extremely sorry to have to announce a renewal of the indisposition of M. Dupuytren. A French Journal of the 20th inst. says that symptoms of hydrothorax have set in, and that his life is considered in danger.

To the Editor.—At page 944 of your last No. is a case simulating hydrophobia caused by the bite of a cat. Three weeks ago I was bitten in the index-finger by a kitten six weeks old. If any gentleman who reads THE LANCET has met with hydrophobia, or the disease resembling it, caused by the bite of so young a kitten, he will extremely oblige me by forwarding some notice of it for insertion. It is of momentous interest to me. I applied to a surgeon about an hour after the accident, and he assured me that I need be under no apprehension; but the case in your last No. has made me again rather anxious for the "second month" to be over. I am, Sir, a constant purchaser of your spirited and instructive work,—M. E.—Sept. 20, 1834.

*** The question to Sir B. Brodie should be put, personally, to that gentleman, and we have therefore erased it from our correspondent's letter.—ED. L.

TO CORRESPONDENTS.

The letter of *J. H.* shall appear.—We have not published the letter simply signed *A Physician*, because we have so many communications on the subject authenticated by a name, that an anonymous recommendation will not add to the weight of testimony already before the public.

Want of space alone has prevented us as yet from inserting an extract from the report of the Special Committee of Governors of Christ's Hospital.

Mr. Auchinleck's letter on mercurial inunction in erysipelas, &c., in our next Number.

Mr. Beetham's case of cholera cured in the stage of collapse, with salt emetics, next week.